



2011 ACDF Modernization Project

Proposed Recommendations for SCS/Lab

Final

February 29, 2012

(Revised March 2, 2012)

This document provides a summary of the key findings and recommendations stemming from the first phase of the 2011 ACDF Modernization Project.

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1 EXECUTIVE SUMMARY

The first phase of the 2011 ACDF Modernization Project (the Project) focused on items related to the Specimen Collection Station and Laboratory Medicine Diagnostic Facilities (SCS/Lab). The recommendations stemming from this phase were derived from the information and findings of the 2009 Working Group Review and recent stakeholder consultations. The key recommendations being proposed for consideration and approval by the Medical Services Commission (MSC) are:

1. Revision to the expansion guideline for SCS/Lab
 - a. Approve the addition of new services as the criteria for expansion of SCS/Lab facilities that requires MSC approval.
 - b. Mandate annual reporting of key SCS/Lab operational data to the ACDF secretariat.

2. Moratorium for SCS/Lab
 - a. Extend the current moratorium for SCS/Lab for new and relocation applications in the Lower Mainland until the Project is completed and associated changes can be implemented.

3. Disposition of the outstanding ACDF applications
 - a. Approve outstanding SCS/Lab expansion applications based on the revised expansion guideline if approved.
 - b. Uphold the ACDF decision on the Sept 16, 2011 application from a private provider for a new SCS in Sicamous.
 - c. Defer approval of outstanding new and relocation SCS/Lab applications that fall under the current moratorium for the Lower Mainland until the Project is completed and associated changes can be implemented.
 - d. Process outstanding and subsequent new and relocation SCS/Lab applications that fall outside the current moratorium for the Lower Mainland using the existing guidelines under the new biannual review timelines until the new guidelines and processes are implemented.

2 BACKGROUND

In 2008, the Medical Service Commission (MSC) established a Working Group to review the Advisory Committee on Diagnostic Facilities (ACDF) guidelines that provide the operational framework for approvals. The purpose of the Working Group review was to determine if the ACDF guidelines could be adjusted, within existing legislation and regulations, to reduce administrative requirements on both facilities and those administering the guidelines.

In February 2011, the ACDF program was transferred from the Medical Services Branch to the newly created Laboratory, Diagnostics and Blood Services Branch (LDBSB). In June 2011, MSC approved the LDBSB to complete the work initiated in 2008 and begin work on the modernization of the ACDF process.

In September 2011, LDBSB presented a proposal for addressing recommendation #5¹ of the 2008 Working Group's 2009 report and a plan for completing the review of the remaining ACDF processes to the MSC. The MSC approved the proposed recommendation, pending stakeholder input, and the plan for the modernization of the ACDF process.

The 2011 ACDF Modernization Project was initiated in October 2011 to complete the simplification and rationalization of the ACDF operational policies and processes that had been initiated, through the MSC, in 2008.

The Project was structured to be completed over an eighteen month period in three phases, with the scope of each phase to be determined from information gathered and activities conducted during the previous phase as follows:

- Phase I (SCS / Lab facilities): October 1 , 2011 – March 31, 2012
- Phase II (non SCS / Lab facilities): April 1, 2012 - October 31,2012
- Phase III (Implementation): November 1, 2012 – March 31, 2013

The three phased approach was adopted to facilitate success. The project was designed to ensure that:

- an inclusive, consultative process was established and utilized.

¹ "The Ministry of Health Services is requested to report on amending the regulations and guidelines dealing with restrictions on the expansion of existing facilities with a view to facilitating prior approval for: a) updating of equipment and hiring personnel that impacts on throughput, b) hours of operations, and c) expansion of the number of phlebotomy chairs."

- the principles of good project management were followed.
- project activities and outcomes were fully documented and stored within the Laboratory, Diagnostic and Blood Services Branch (LDBSB)

Applicable sections of the current legislation, regulations, policies and guidelines were reviewed and used, along with historical information to inform the development of the stakeholder engagement activities and recommendations. The applicable sections of the legislation and regulations reviewed were:

- Medicare Protection Act:
 - Part 6 - Approval of Diagnostic Facility
 - Part 7 – Audit and Inspection
 - Part 8 – Appeals
- Medical and Healthcare Services Regulation:
 - Part 7 – Diagnostic Facilities
 - Part 8 – Audit and Inspection

Stakeholder engagement in Phase I was high. At least one representative from each stakeholder group identified participated in the stakeholder information gathering and sharing sessions. Stakeholder feedback was favourable regarding the Phase 1 processes and outcomes.

Stakeholder groups that were identified and participated in Phase I were:

- Lower Mainland Consolidation: Fraser Health Authority, Provincial Health Services Authority (including British Columbia Children’s and Women’s Hospital), Vancouver Coastal Health Authority, Providence Health
- Interior Health Authority, Northern Health Authority Vancouver Island Health Authority, BC Biomedical Laboratories, Life Labs and Valley Medical Laboratory
- College of Physicians and Surgeons of BC
- BC Association of Laboratory Pathologists Diagnostic Accreditation Program (DAP) Advisory Committee on Diagnostic Facilities (ACDF)

The majority of Phase I findings were consistent with findings of the previous review. Differences appear to be related primarily to changes within the industry that were made after the last review was conducted (for example: Lower Mainland Consolidation).

Key findings stemming from Phase I include:

- The absence of a provincial strategic plan for diagnostic facilities that has led to a reactive approach where the identification of need is driven, on an ad hoc basis, by service providers as opposed to a proactive approach that is based on system need.

- Processes that restrict competition in an effort to limit system costs but appear to hinder innovations that could reduce system costs (for example: the consolidation of some SCSs).
- A lack of documented information and easy access to information.
- Minimal standardization of policies and processes across modalities.
- Variations in the applicability of and adherence to current policies and guidelines across stakeholder groups.
- A lack of service provider accountability and system enforceability.
- A highly labour and resource intensive process.

The findings and recommendations stemming from Phase I have been divided into the following categories:

- Proposed revisions for the expansion of SCS/Lab Medicine Facilities
- Proposed revisions for the remaining ACDF policies
- Proposed revisions to the ACDF processes
- Proposed revisions to the definitions
- Proposed disposition of outstanding SCS/Lab applications
- Future considerations

Future considerations have been included to help inform current decision making, next steps and future activities that may be related to and/or impact the ACDF and its activities.

3 PROPOSED REVISION TO THE EXPANSION GUIDELINE FOR SCS/LAB MEDICINE DIAGNOSTIC FACILITIES

Overview

The 2011 proposed revision to the ACDF guidelines for the expansion of SCS/Lab was based on feedback gathered for the 2009 MSC Working Group Review. Stakeholder feedback at that time recommended elimination of the requirement for the approval of changes in the hours of operation, number of staff and number of chairs, due to its negative impact on business operations, and the implementation of a square footage metric to assess capacity.

The 2011 proposed expansion guideline for SCS/Lab presented to the MSC in September 2011 was as follows:

A revision to the concept of “significant change”, as it relates to the expansion of specimen collection stations, is being proposed. The proposed revision falls under the heading “Diagnostic Facility Capacity, page 2 – 3”:

For the purpose of Section 43(1)(e)(ii) of the Medical and Health Care Services Regulation, the MSC consider the following to constitute a “significant change” to the capability or capacity of a diagnostic facility to perform diagnostic services is defined as:

- *Any change to an approved specimen collection station/ lab that results **in an increase in the approved square footage of the specimen collection station and/or the addition of a new service** (e.g. addition of ECG).*

Consultation with laboratory stakeholders, in November and December 2011, about the proposed change to the expansion guideline included discussion of the operational changes proposed to support this recommendation.

Consultation Outcomes

Partial stakeholder support for the proposed revision was obtained during the stakeholder consultations. The majority of stakeholders supported the need to apply for MSC approval for changes in service however few supported the need to apply for changes in square footage. The lack of stakeholder support for changes in square footage stemmed from:

- the lack of provincial and accreditation standards for square footage requirements for a SCS/Lab.
- concerns about the ability to accurately assess the square footage, especially in facilities with shared/common spaces e.g. hospital settings.
- the potential to encroach on patient waiting areas e.g. reduce patient waiting areas to increase specimen collection areas.
- the lack of correlation of square footage to efficiency.
- its negative impact on business operations.
- a perception that it was an unnecessary increase in bureaucracy and regulation especially for hospital facilities where changes in square footage and location may not be under the control of the laboratory.

Stakeholder input regarding the need to report changes in the SCS/Lab to the ACDF in a timely fashion to augment the proposed revision to the expansion guideline was mixed. Challenges with reporting changes associated with seasonal fluctuations and the additional workload impact it would create for some organizations were cited as reasons for the mixed support.

Key stakeholder input included:

- identify the expansion of SCS/Lab as changes in services only.
- define services as MSP billable services only.
- limit the frequency of reporting changes in SCS operations (hours of operation, number of chairs etc) to the ACDF to once or twice a year.

Recommendations

a) Revise the proposed SCS/Lab expansion guideline to the following:

A revision to the concept of “significant change”, as it relates to the expansion of specimen collection stations / laboratory medicine facilities’, is being proposed. The proposed revision falls under the heading “Diagnostic Facility Capacity, page 2 – 3”:

For the purpose of Section 43(1)(e)(ii) of the Medical and Health Care Services Regulation, the MSC consider the following to

constitute a “significant change” to the capability or capacity of a diagnostic facility to perform diagnostic services is defined as:

- *Any change to an approved specimen collection station/ laboratory that results in the **addition of a new service** (e.g. addition of ECG).*
- b) Define services as “any service that is eligible for compensation through the Medical Services Plan”.
- c) Implement mandatory annual reporting of key operational data to support maintenance of current, accurate diagnostic facility information in the province, and the review and approval of ACDF applications. Examples of key data are:
- a. Number of chairs
 - b. Number of stretchers/beds
 - c. Services provided
 - d. Hours of operation
 - e. Equipment
 - f. Accreditation status
 - g. Medical Director of Facility, e.g. SCS, Lab (is mandated under Regs, sec 43(1)(g))

Justification

Eliminating the need to apply for ACDF approval for operational changes such as changes in hours and the addition of chairs will:

1. result in a 40% decrease in the number of SCS/Lab applications submitted to and reviewed by the ACDF, which will result in a reduction in the amount of time spent processing, reviewing and analyzing applications by the ACDF secretariat and committee.
2. facilitate timely changes in the operations of a SCS/Lab required to meet demand and patient need. E.g. help improve through put during peak operating times such as first thing in the morning for blood work.
3. increase patient satisfaction.

Risks

The potential risks associated with the proposed change to the expansion guideline have been itemized and assessed in the following table.

| Risk | Assessment Low, Moderate, High | Response |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Reduction in or loss of services in existing areas of need that are not considered financially viable. | M | Reduction or loss of service could be filled by another provider. May lead to consolidation of facilities in over served areas. |
| Shift in utilization of facilities from public to private related to differences in the capital acquisition processes. | L-M | Funding, capital acquisition requirements and catchment area dependent. |
| Decreased quality of service. | L | Achievement and maintenance of DAP accreditation is a requirement of approval. |
| Increase system costs stemming from provider requests to reassess MSP fees to offset increased infrastructure costs. | L | Offset through MSC oversight. |

4 PROPOSED REVISIONS TO THE ACDF POLICIES AND GUIDELINES

Overview

Consultation with laboratory stakeholders regarding the policies and guidelines that apply to and are utilized to guide the decision making for **new** and **relocation** of SCS/Lab facilities included detailed discussions about the current legislation, regulations and policies. Key areas of focus included the:

1. structure and maintenance of the ACDF Committee
2. application and interpretation of the policies

Consultation Outcomes

Analysis of stakeholder input and suggestions resulted in the following set of proposed changes and identified the need for further stakeholder consultation.

Phase II stakeholders will be consulted on the following recommendations in relation to the ACDF Committee and ACDF Guidelines with the exception of the recommendations pertaining specifically to SCS/Labs. Harmonizing the consultations from Phase I with the consultations in Phase 2 will help mitigate any redundant work and increase the likelihood of achieving standardized policies and processes for the review and approval of all diagnostic facilities in the province.

Further consultation will be held, through focused working groups, with Phase I stakeholders for the development of SMART² provincial metrics related to SCS/Labs for inclusion in the ACDF guidelines. The engagement of stakeholders in the development of these metrics will assist with stakeholder acceptance and adoption.

4.1 ACDF Committee

- a) Establish a regular review and revision process for the ACDF Terms of Reference. A review every two years is recommended.

² SMART: Specific, Measurable, Achievable, Relevant and Time Phased - as taken Feb 15, 2012 from: http://en.wikipedia.org/wiki/Performance_indicator

- b) Expand the ACDF committee to ensure representation from all key stakeholder groups. A maximum of nine voting members with a mix of representation from the Ministry of Health, non physician practitioners, health authority, public, diagnostic speciality, general and/or specialist physicians, that spans remote, rural, sub urban and urban communities, is recommended.
- c) Establish committee lengths of term and rotation schedules for non-ministry committee members. Alignment with lengths of term and rotation schedules of the MSC and other MSC committees is recommended. In the absence of defined terms and rotation schedules a minimum three year length of term and rotation schedule that limits new memberships to a maximum of two per year is recommended. A maximum of two consecutive lengths of term is also recommended.
- d) Define and establish ACDF committee member recruitment requirements and processes. The inclusion of access to and familiarization with electronic and virtual modes of communication is recommended.

4.2 ACDF Guidelines

1. Rename and revise the ACDF guidelines document to reflect the mixture of policies and guidelines contained within. Inclusion of table of contents, reference and document control sections is recommended. Suggested document name is:

“ACDF Policies and Guidelines for Diagnostic Facilities in BC”.

2. 18 Month Rules:
 - a. Eliminate the 18 month “active” application rule.
 - b. Maintain the 18 month application “frequency” rule.
 - c. Modify the 18 month “implementation” rule to include the ability to apply for an extension approval. Multiple extension applications for the same application will not be considered.
 - d. Assess the 18 month “lapse in service cancellation” rule during Phase 2 of the Project and/or within two years of implementing and assessing the impact of the changes stemming from this review.
3. Develop policies and/or guidelines for assessing “like” applications from different organizations (i.e. public and private; private and private; public and public.) This includes reassessing the current 6 – 12 month time limit set for public facility expansions. When all things are equal applications from public facilities will be given priority consideration.

4. Define Medical Need as “Medical Practitioner and Health Care Provider Base” to more accurately reflect the mix of medical practitioners who will be referring patients to SCS/Lab facilities.
5. Establish provincial metrics, with stakeholder input, to support objectivity, consistency and openness in the approval process. The following metrics are recommended:
 - a. Medical and health care practitioner base metrics for urban, suburban, rural, remote areas based on actual and current data.
 - b. A provincial baseline Chair Count Capacity metric³ based on a retrospective analysis of recent chair count data.
 - c. A standardized provincial utilization metric (wait time) and mandated reporting requirements for SCS/Lab.
 - i. The deployment of wait time metrics is consistent with other areas in health care (e.g. surgical wait lists). If made public, they could support a more patient focused system through access to information and informed choice.
 - d. Standardized provincial accessibility metrics for urban, sub urban, rural and remote areas. Prospective analysis and stakeholder consultation is required.
 - e. Standardized provincial proximity metrics for SCS/Lab diagnostic facilities in urban, sub urban, rural and remote areas. Stakeholder consultation may be required.
6. Include criteria for the attainment and maintenance of facility accreditation with the designated provincial diagnostic accreditation body. Identify the designated provincial diagnostic accreditation body within the revised ACDF policies and guidelines document.
7. Include criteria for attainment and maintenance of physician credentialing by the designated provincial credentialing body. Identify the provincial credentialing body within the ACDF policies and guidelines document.
8. Establish a policy for the identification of conflict of interests. Implementation of “Declarations of Conflict of Interest” forms or attestations is recommended.
9. Establish a policy for the mandatory reporting of select diagnostic facility information to the ACDF secretariat to ensure the currency and accuracy of information available to the ACDF.
10. Establish policies and guidelines for out of province and foreign ownership applications.
11. Establish a policy to support designated application cycles for each modality. A biannual application cycle for SCS/Lab facilities is

³ E.g. Number of patient / phlebotomy chair / day

recommended (for example: applications for SCS/Lab could be submitted in February and June for review in March and September respectively).

Recommendations

1. Extend the current moratorium for new and relocation SCS/Lab applications in the Lower Mainland until the Project is completed and associated changes can be implemented.

Justification

1. Extension of the moratorium will free up resources to develop policies and processes required to support the proposed changes.

Risks

The potential risks associated with the ACDF policy and guideline recommendations have been itemized and assessed in the following table.

| Risk | Assessment (Low, Moderate, High) | Response |
|---------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| Delayed implementation of service delivery in areas of urgent need. | L - M | Permit exceptions to the moratorium in cases of demonstrated urgent need as required. Assessment criteria will need to be developed. |
| Unanticipated loss of project resources to complete the work | L | Identify potential replacement resources where feasible. |
| Delays in implementing regulatory changes that may be required. | M - H | Review and revise project timelines regularly and extend as feasible. |

5 PROPOSED REVISIONS TO THE ACDF PROCESSES

Overview

Consultation with laboratory stakeholders, regarding the processes that are utilized to guide the daily operations and decision making of the ACDF, included detailed discussions about the current processes and proposed process improvements. Proposed improvements were based on previous review findings and process mapping of the current processes.

Consultation Outcomes

Stakeholder consultation resulted in support for all proposed changes, suggestions for additional changes and stakeholder requests to participate in the development of the proposed new application form. Proposed changes for improvements to the ACDF processes are as follows:

5.1.1 Meeting Processes

- a) Simplify and streamline ACDF meeting agendas, minutes and meeting materials. The inclusion of Conflict of Interest (COI) information/ declarations and key applicant contacts for notification is recommended.
- b) Consolidate key application information electronically in a format that will facilitate access and comparison of pertinent information when reviewing applications and reduce the amount of paper used and associated distribution costs stemming from the current process.
- c) Create a SharePoint site for meeting materials and secure access by committee members.
- d) Face to face meetings to facilitate the establishment and maintenance of on-going working relationships is recommended. Consider the use of virtual meetings, e.g. WebEx, Live Meeting, when and where feasible.

5.1.2 Application Documentation

- a) Consolidate and streamline the ACDF application forms into one form that can be completed on line, electronically submitted and used to populate an electronic data base for data analysis and health system planning. Stakeholder consultation is recommended.

- b) Scan hard copy applications and supporting documentation for electronic storage and access by approved users.

5.1.3 Operations and Sustainment

- a) Develop an “ACDF Administration Procedure/Process Manual” and a stakeholder “Conditions of Approval” handbook/document.
- b) Establish and document processes for:
 - a. Ongoing program monitoring.
 - b. Identification of COIs.
 - c. Mandatory reporting of key operational data.
- c) Create an electronic index of all Minutes of the Commission pertaining to the ACDF on the ACDF local area network (LAN).
- d) Implement regular review and sign off all ACDF documents. Once every 2 years is recommended.

5.1.4 Website

- a) Develop and implement a more user friendly and intuitive website address (URL) to facilitate ease of access and navigation.
- b) Update and expand information posted to include additional information such as:
 - a. Key reference materials, documents and links.
 - b. A listing of certified diagnostic facilities with select information.
 - c. Committee information such as:
 - i. Committee member recruitment requirements and processes.
 - ii. Committee names.
 - d. Relevant newsletters such as Physician newsletters.
 - e. Key contacts.
 - f. Notifications of updates, key information, etc.
 - e.g. publish an application data base with select application information for access by key stakeholder’s and in particular public and private providers. Legal opinion may be required.

Recommendations

1. Complete development of all process changes before implementing any policy and guideline changes.
2. Actively engage stakeholders in the implementation of processes and policies, e.g. info sessions, newsletters, training sessions, etc.
3. Implement process and policy changes simultaneously.
4. Ensure alignment of processes for all diagnostic facilities before implementing process and policy changes.

Justification

Completion and simultaneous implementation of new processes for all diagnostics facilities will:

1. ensure harmonization across modalities.
2. minimize the workload impacts associated with and potential for error stemming from running two different sets of processes at the same time.
3. support a clean and smooth transition for all.

Risks

The potential risks associated with the proposed ACDF process changes have been itemized and assessed in the following table.

| Risk | Assessment (Low, Moderate, High) | Response |
|------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Lack of stakeholder participation due to competing priorities especially in the public sector. | L - M | Confirm stakeholder participation and commitment. Develop engagement processes to ensure best use of stakeholder time. |
| Unanticipated loss of project resources to complete the work | L | Identify potential replacement resources where feasible. |
| Inability to obtain required resources outside the project team e.g. IMIT | L | Deployment timelines may need to be extended. |
| Lack of funding to develop and implement changes. | L | Resources to be supplied through the LDBSB Anticipated improvements to the ACDF processes are not achieved. |
| Unanticipated legal barriers | L | Ministry of Justice input to be sought. |

6 PROPOSED REVISIONS TO THE ACDF DEFINITIONS

Overview

A list of key words and phrases was developed from the relevant documents and included in the Stakeholder engagement package. Words and phrases were added to or deleted from the list based on stakeholder input and a set definitions were drafted by the project team for stakeholder review. The list of draft definitions was provided to the stakeholders for review on February 8, 2012. Please see Appendix A for draft definitions list.

Consultation Outcomes

The establishment of a working group to refine and finalize the definition list was proposed. The composition of the working groups would include a cross section of stakeholders, project team members and additional representatives as required (for example: an MSC representative).

Recommendations

1. Support and assist with establishing cross functional working groups to participate in the revision and refinement of the definitions required to assist the approval of the ACDF policies and guidelines.

Justification

1. A set of agreed upon definitions will ensure a common understanding and support a more open, transparent and objective process.

Risks

| Risk | Assessment (Low, Moderate, High) | Response |
|-------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------|
| Lack of stakeholder participation or loss of resources due to competing priorities. | L - M | Confirm participation Streamline engagement Identify back up resources |

7 PROPOSED DISPOSITION OF OUTSTANDING ACDF APPLICATIONS

Overview

A number of applications for SCS/lab facilities applications have been deferred or placed under moratorium over the last few years pending the outcome of the ACDF reviews. At the present time there are 19 applications awaiting disposition by the MSC and 13 applications awaiting disposition by the ACDF. The breakdown of these applications is as follows:

With the MSC:

- 14 applications for expansion (15 additional phlebotomy chairs)
- 5 applications for new facilities (1 from 2009, 2 from 2010, 2 from 2011)

With the ACDF:

- 1 application for expansion
- 1 application for relocation
- 11 applications for new facilities

The applications for expansion will result in an additional 17 phlebotomy chairs, 16 across the lower mainland and 1 in Vernon.

One of the applications with the MSC is from a private provider for a new SCS in Sicamous. This application was denied by the ACDF because a like application from the public sector was received and approved.

Recommendations

1. Approve outstanding SCS/Lab expansion applications based on the revised expansion guideline if approved.
2. Uphold the ACDF decision on the September 16, 2011, of the application from a private provider for a new SCS in Sicamous.
3. Defer approval of outstanding new and relocation SCS/Lab applications that fall under the current moratorium for the Lower Mainland until the project is completed and associated changes can be implemented.
4. Process outstanding and subsequent new and relocation SCS/Lab applications that fall outside the current moratorium for the Lower Mainland using the existing guidelines under the new biannual review timelines until the new guidelines and processes are implemented.

Justification

1. Approval of the expansion applications will address areas of need in existing facilities and improve patient satisfaction.
2. Upholding the decision for Sicamous is in keeping with the current priority for like applications between public and private.
3. Deferring applications that fall under the current moratorium will support a streamlined transition to new guidelines and processes for the higher density urban locations.
4. Processing applications that fall outside the current moratorium will:
 - a. Reduce the potential for exceptions to the moratorium stemming from a demonstrated need, especially in non urban areas.
 - b. Reduce the number of deferred applications that will need to be processed at the end of the project.
 - c. Increase patient and provider satisfaction in areas not covered by the moratorium.

Risk Assessment

| Risk | Assessment (Low, Moderate, High) | Response |
|----------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| Delayed implementation of service delivery in areas of need. | L - M | Define application criteria for areas with a demonstrated urgent need. |
| Increase patient and provider dissatisfaction in areas that fall under the moratorium. | M | Permit exceptions to the moratorium in cases of demonstrated urgent need as required. Assessment criteria will need to be developed. |

8 FUTURE CONSIDERATIONS

The future considerations were gathered during the Phase I stakeholder consultations have been included to help inform current decision making, next steps and future activities that may be related to and/or impact the ACDF and its activities.

- a) Develop an inclusive, proactive systems based approach with a strategic focus on provincial need rather than a reactive, provider driven process.
- b) Establish regional advisory boards and leverage health authority plans to support the continuum of care and community needs as recommended by some stakeholders.
- c) Assess and apply, where feasible, the Institute of Healthcare Improvement (IHI) *TripleAim*⁴ approach when designing new policies and/or processes.
 - a. Consider development and implementation of patient and client focused quality metrics.
- d) Consult with patients, through groups such as the Patients Voices Network, to assist with identifying patient centric solutions.
- e) Establish provincial working groups to develop service delivery models for Mobile Lab Services (MLS) and Point of Care Testing.
- f) Investigate lab requisition impacts on system utilization and explore opportunities for changes to the requisition that could help streamline and align processes.
- g) Centralize planning for diagnostic services in BC.
- h) Assess feasibility of implementing an RFP like process for diagnostic facilities.

⁴ <http://www.ihl.org/offerings/Initiatives/TripleAim/Pages/default.aspx>
as viewed Feb 13, 2012

9 NEXT STEPS

The next steps of the Project will leverage the findings and outcomes of Phase I. They will be initiated April 1, 2012 and will include initiation of:

- Engagement with non SCS/Lab Diagnostic Facility stakeholders
- The second phase of the Project, Phase II - Non SCS/Lab
- Cross functional working groups to:
 - continue work on the Draft ACDF Definitions list.
 - begin work on the consolidation of the ACDF applications forms.
- SCS/Lab working groups to:
 - develop SCS/Lab provincial metrics as identified in Phase I.
- Harmonization of ACDF policies and process for all diagnostic facilities.

APPENDIX A

DRAFT ACDF Rules / Guidelines / Definitions

| | |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Accessibility | The ease of being able to reach a given diagnostic facility, e.g. travel time, distance, parking, transportation services. |
| Availability | The presence of a diagnostic facility / service within a given catchment area. |
| Bed | A piece of mobile hospital furniture that is occupied by a patient while they are awaiting and / or receiving care. |
| Capability | The ability of a diagnostic facility to provide services (i.e. Sufficient chairs, equipment). |
| Capacity | The maximum number of services a diagnostic facility can accommodate. |
| Catchment Area | The geographic area, e.g. radius and population, served by a given diagnostic facility. Catchment areas are defined as urban, suburban, rural and remote. |
| COI | Using current definition - will be copied from regulation for stakeholders. |
| Courier | An individual responsible for the pick-up and transportation of diagnostic specimens to and from medical and clinical sites. |
| Expansion | Addition of a new service in a SCS or laboratory facility. |
| Guidelines | Guiding principles based on best practices which allow deviations with justification. |
| Legislation | Written and approved laws. |
| Merit | Decisions are non-partisan, free of political and bureaucratic patronage, and based on ability to provide service. |
| Mobile Diagnostic Service Facility | A non-fixed, motorized unit, driven with/by medical personnel, that travels to (rural) communities (or “in need”), to provide diagnostic services, e.g. specimen collection, medical imaging. |
| Mobile Lab Service | A mobile diagnostic service facility with no permanent address. |
| Outreach | A health care professional who travels to collect specimens from an immobile patient (often from a patient’s residence such as a home, residential care facility or long-term care facility). |

| | |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Point of care testing | Medical testing at or near the site of patient care to produce real-time results. |
| Policy | A course or principle of action adopted or proposed by an organization or individual. |
| Practitioner | A physician, nurse practitioner, nurse in certified practice and midwives who is eligible to order diagnostic testing. |
| Procedures | An established or official way of doing something, i.e. parliamentary procedure; a series of actions conducted in a certain order or manner. |
| Projected volumes | Anticipated increase/decrease for a specific diagnostic investigation (service). |
| Proximity | Distance between facilities (public and private within a specified catchment area within which the diagnostic facilities is located. (ACDF guidelines updated Dec 20, 2010) |
| Regional areas and their corresponding metrics | Four geographic categories - urban, suburban, rural, remote. <u>Example only:</u> Urban 5 – 10 with a minimum of 8 physicians Suburban 3-5 with a minimum of 2 physicians Rural 1-3 with a minimum of 1 physician Remote 0-1 (RNC) |
| Regulations | A rule or directive made and maintained by an authority. |
| Rules | One of a set of explicit or understood regulations or principles governing conduct or procedure within a particular area of activity which must be abided by. |
| Services | A service that is eligible for compensation through the Medical Services Plan. |
| Stretcher | A piece of mobile hospital equipment that is occupied by a patient, on a temporary basis, for the purposes of transportation or performing a diagnostic procedure. |
| Sufficiently High Level of Quality | Quality - attainment and maintenance of services in accordance with the Provincial standards. |
| Utilization | The amount of time a resource is used to provide the services offered. |
| Wait time | The amount of time a patient waits to receive a service. |