A Commitment to Surgical Renewal in B.C.

Spring – Fall

May 7, 2020

Minister's Message

On March 16, 2020, we made the difficult decision to postpone non-urgent scheduled surgeries to ensure capacity in our hospitals to address COVID-19 patient needs. I made a commitment at the time to those who had their surgery postponed that you would not be forgotten. You are the centre of all we are doing in surgical renewal.

We've never launched such a massive surgical renewal before. From readying our hospitals, making sure we can handle both surgical renewal and the needs of COVID-19 patients, to building the teams of health professionals these surgeries require, and making sure it all comes together in the safest way possible for patients and providers; it is as complicated as it is unprecedented.

Making the changes outlined in this plan will achieve our first target of significantly increasing the number of surgeries performed beyond pre-COVID-19 levels. This will enable us to keep up with new demands for surgery and complete the surgeries lost to COVID-19 within approximately 17-24 months. This timeline is based on actions we can put in place; however, it is highly vulnerable to external forces over which we have much less control. As Dr. Henry and health officials around the globe have indicated, we are likely to see a second wave of COVID-19 this fall that will again impact our hospitals and surgeries performed.

Surgical renewal has begun. We're determining the priorities and what surgeries can be done most safely at this time. We're making sure that those patients needing surgery most will have their surgery scheduled first. We're taking care to do it right, to learn and adapt as we go. We're giving it the same 100% effort we've made in addressing COVID-19. Everyone involved across the health-care system and across the province is all-in on surgical renewal.

I asked Michael Marchbank, the former president and CEO of Fraser Health, to provide his guidance on surgical renewal. Under his direction, we've got a plan to get patients the surgery they need. I'd like to thank him and the many surgeons, administrators and health-care providers who contributed to this plan and will deliver on its commitment to patients. Most of all, I want to thank each of you who had your surgery postponed. You have helped us all to get through this first phase of COVID-19, safely and securely. Our commitment is now to get you through your surgery the same way. We are all in this together.

Sincerely,

Adrian Dix
Minister of Health

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What the Plan Means for Patients & When Surgeries Will Begin

This plan is our commitment to provide surgeries to patients in the safest way possible, based on patient need.

If you are waiting to have your surgery, especially if your surgery was postponed, we will be calling you in the days and weeks ahead to ask if you wish to proceed with your surgery.

We are doing this because we recognize that some patients may prefer to wait for surgery until the pandemic is behind us, while other patients are ready to proceed with their surgery as soon as our hospitals are ready for them. We'll be asking you your preference. Patients who indicate they want to wait will have the decision shared with their surgeon for follow up.

We have asked all health authorities to increase their surgical capacity so we can recover lost cases and catch up as quickly as possible. In doing this we have also asked that screening programs, such as the breast and colon programs, and outpatient care that helps inform the decision for surgery or assist in treatment and recovery from surgery be restarted.

Prior to your surgery, we will be asking you to take some additional steps to make sure you, your surgical team and the many other care providers who will support you are all safe. This will include the need to report risk factors as well as self-monitor for symptoms prior to surgery.

The work to resume surgeries has started, and we will be working to the following target timeline for surgical renewal:

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

How COVID-19 Affected Surgeries

Prior to the COVID-19 pandemic, the province had achieved substantive gains in surgical services and was positioned to record another significant year in terms of increasing access to, and addressing the needs of, patients waiting for surgery.

As a result of our significant efforts and new investments over the last three years, we have seen over 35,000 more patients access needed surgery; and we have grown our current annual surgical activity by 5.7% (18,230 procedures) compared to 2016/17.

Preparing our health-care system for COVID-19 meant postponing all non-urgent scheduled surgeries, as well as pausing screening programs used to inform the decision for surgery (i.e., breast, colon, etc.). Non-urgent scheduled surgeries normally have a wait time target of greater than six weeks for adults. These surgeries include orthopedic surgeries that help patients get back to moving, ophthalmology surgeries that restore vision, and many more.

These actions were a necessary step to prepare for the potential surge of patients requiring critical care due to the virus, and to ensure we had the health-care capacity if needed. However, it meant a significant setback in the gains we had made in increasing patients' access to surgery and reducing the time they had to wait.

By May 18, 2020, an estimated 30,298 non-urgent scheduled surgeries will have either been postponed or not scheduled due to COVID-19 (approx. 14,000 patients had surgeries postponed and approx. 16,000 who would have normally been scheduled were not).

Figure 1. Estimated lost cases by May 18, 2020 (Total = 30,298)

Surgical Division	Estimated Lost Cases	Surgical Division	Estimated Lost Cases
Ophthalmology	10,154	Dentistry/Oral Surgery	1,208
Orthopedics	5,466	Plastic Surgery	1,148
General Surgery	4,216	Neurosurgery	562
Obstetrics & Gynecological	2,554	Vascular	397
Urology	2,116	Cardiac	147
Otolaryngology	2,093	Thoracic	126

The normal inflow of new surgical patients being added to the provincial waitlist has also decreased, meaning there is a further estimated 24,000 patients that have not been added to the system that normally would have, due to COVID-19 system slowdowns. At this point, there is no way to quantify these cases and when they will reach the system.

We also know that new protocols put in place to ensure the safety of staff and patients has resulted in surgical cases taking approximately 30% longer. These protocols assumed all patients were "suspected COVID-19" patients and included additional time for air exchange after intubating, extubating, etc.

The overall result is fewer surgeries being performed over the same time. For example, where 10 cases may have been completed in a day, now only seven are.

One of the commitments in the decision to postpone non-urgent scheduled surgeries was to continue to safely conduct unplanned emergency and urgent surgeries. Emergency surgery includes trauma, broken bones, caesarean sections, etc. and are often referred to as life or limb. Urgent surgeries are those with a wait time target of six weeks or less and would include many cancer surgeries, as well as other surgeries such as cardiac, vascular and neurosurgery cases.

From March 16 to May 3, 2020, over 17,300 emergency and urgent surgeries were performed. On average, 50% of operating room use across B.C. is for emergency and urgent surgeries.

Between the 30,000 cases, the anticipated wave of 24,000 new cases and overall decrease, the challenge COVID-19 has created for the B.C.'s surgical system is more significant than anything we have ever faced. It has effectively wiped-out the gains made over the past three years.

Now, more than ever, as we launch surgical renewal in B.C., we must apply all the learnings and progress of previous years and work together in new ways to meet patients' needs.

Getting Ready for Surgical Renewal

The scaling back of surgeries across the province was accomplished rapidly, over just a few days. Restoring these surgeries will take longer and this work is vulnerable to external forces, such as a second wave of COVID-19 this fall/winter. The environment is also not the same. Normal procedures and process must now account for COVID-19. This means things must be done differently to be done safely.

There are foundational requirements that must be developed and put in place, and the ministry, health authorities and experts are doing this work now. These experts include a clinical reference group that is examining emerging evidence surrounding COVID-19, appropriate clinical guidelines and infection prevention and control measures[1], as well as experts who are working with our health-care supply chain to model and confirm that our supply needs can be met.

Foundational Requirements

- Patients must confirm that they are willing to come for surgery, report risk factors and self-monitor for symptoms as part of new clinical assessment protocols required to confirm their COVID-19 status.
- Evidence-based clinical guidelines are required for managing patients through surgery, and recommendations for what PPE to use for COVID-, COVID+, and COVID unknown status patients.
- Available supply of personal protective equipment (PPE) needs to be confirmed.
- Supplies of needed equipment such as surgical kits, blood and pharmaceuticals needs to be confirmed, with the understanding that availability may not be as it was due to COVID-19.

[1] Infection Prevention and Control (IPC) Protocol for Surgical Procedures During COVID-19: Adult

- Patient beds and critical care capacity must be available to support both the needs of surgical patients, as well as possible surges of COVID-19 patients. As recent events have shown, the system is able to readily create this capacity if needed.
- Pre- and post-operative services must be operational prior to increasing surgical activity. They must be able to operate in a manner that respects public health guidelines and keeps everyone safe. These services include laboratory testing, medical imaging and clinical support services such as physiotherapy.
- Staff who perform and support surgical patients must be available. Front-line health-care workers have spent many hours responding to the immediate impacts of COVID-19. Now health authorities must ensure the required health-care workers have the support they need to rise to this challenge in a healthy and productive way.

Only when all these foundational requirements are in place can surgeries safely resume for patients and providers. Should any of these not be available and in place, it will delay the resumption of surgeries.

Five Steps for Delivering Surgical Renewal

To respond to patients' needs, and to provide relief to those who have been waiting, we must increase capacity. With a pent-up demand for approximately 30,000 surgeries, the arrival of a wave of 24,000 anticipated cases and knowledge that surgeries are taking 30% longer due to COVID-19 safety protocols, restarting surgeries using the same the approaches we used before COVID-19 will not see us recover.

The five steps of this plan will be challenging work. They will require everyone to learn as the plan is implemented and adapt to doing things in new ways. All this work is required to renew the surgical system to meet the needs of our patients. Every effort must be made by health authorities and their partners to make adding capacity and achieving renewal a top priority.

1. Increasing surgeries

There are several select ways to add surgical capacity, some being easier than others to implement:

- Refine and update processes to achieve efficiencies and minimize impacts on productivity;
- Extend daily operating room hours;
- Add weekend operating services;
- Optimize operations over the summer;
- Open new or unused operating rooms; and,
- Increase capacity at contracted private surgical clinics that agree to follow the *Canada Health Act* and not extra bill patients.

Achieving these gains will take time and will require a commitment to change from all of us. Patients may need to be more flexible regarding when and where their surgery takes place. Providers will need to shift from traditional days/hours to extended, alternate shifts and align vacation schedules to the new capacity needs. Administrators must align booking and operating rooms with priorities. Support services must adjust to match the increased capacity, as well as meet infection prevention and control guidelines. And everyone must work to improve efficiency while maintaining quality.

These changes should be prioritized at all major sites, with the understanding that smaller, rural sites may not need to implement all strategies, and those sites still dealing with high volumes of COVID patients may have a longer ramp-up period.

There is also an urgency for the system to implement these changes as quickly as possible to ensure we can make some gains now in advance of a potential future surge of COVID-19 that may require services to again be scaled back.

2. Increasing essential personnel

Moving forward requires everyone to be all in. It means that just as we have come together to respond to COVID-19, we must come together and, more importantly, work together and across the system to be successful in achieving surgical renewal. It will require all stakeholders to work effectively as one through clear processes and structures that provide an opportunity for rapid assessment and collective development of solutions.

At the beginning, we will ask staff to stay committed to not only responding to COVID-19 but also to recovering from it. The required increase in surgical capacity cannot be sustained by existing staff alone. Health authorities need reassurance that they have a sustainable level of staffing to phase in new capacity strategies. This plan will be supported by targeted and proactive recruitment efforts to ensure we have the right number of health-care professionals to deliver and sustain renewal in the months and years to come.

Nursing

Currently, there are approximately 2,400 nurses working in operating rooms across B.C. – equaling 1,300 full-time positions. This means we have some capacity in existing staff and can support staff to shift to regular permanent positions.

In addition, specialty training for surgical program nurses will be scaled up and accelerated. In order to staff the additional operating room time, it is estimated 400 nurses must be trained. These nurses will likely come from existing staff, so health authorities are well positioned to engage in training right away. Health authorities will also take steps to hire this year's 1,550 nursing graduates to regular positions, with a focus on surgery as a priority.

Re-instated staff who responded to a call for qualified health-care providers from the regulatory colleges will remain active where possible throughout the next 12 months, including over 1,100 nurses and over 600 allied health professionals. These resources can add a needed boost to the health human resources that will be required to sustain recovery efforts in the health system, including surgery.

Other staff supporting surgery

There are many other enabling services that support surgery, such as booking offices, medical device reprocessing, lab services, physiotherapy, housekeeping, food services and more. These staff must not be overlooked when increasing surgeries and will also be increased to match the new capacity. For example, we plan to train approximately 100 new medical device reprocessing staff to manage the new surgical capacity.

Surgeons

Health authorities must collaborate with surgeons to develop physician staffing plans that consider new ways of working as a team, assess their current physician supply and, where required, recruit additional surgeons. Part of this will include considering new models that involve associate physicians, physician assistants or other professionals where a clear gain in capacity and service to more patients can be achieved as a result.

Anesthesia

The surgical system in B.C. requires the support of both anesthesiologists and general practitioner (GP) anesthesia.

Like other jurisdictions, our system has faced challenges securing the needed anesthesiology. A provincial contract is supporting many sites in stabilizing these services. In addition, some recent progress has been made to increase residency seats for both anesthesiologists and GP anesthesia, as well as to open fellowships for American-trained anesthesiologists.

We will continue to build on these actions, but surgical renewal, as well as increases in surgery related to population growth and aging, will require more from us all. As such, we will begin a targeted and proactive provincial recruitment campaign to increase anesthesia across the province in local care teams. Now is also the time to look at supplementing anesthesia with alternative models, including anesthesia care teams and nurse anesthesia. Under this plan, we will be working closely with anesthesia to determine the best methods and models to add the required capacity to support our future.

3. Focusing on patients

Renewal must focus on patients who need surgery most and where it can be done safely. When health authorities and surgeons were asked to prioritize emergency and urgent surgeries in mid-March, each health authority implemented local structure to review cases and prioritize those that were emergent or urgent.

The local co-operation that has resulted from COVID-19 has proven to be effective and should continue as surgeries are reassessed and reprioritized. Having stopped all non-urgent scheduled surgeries, the composition of the waitlist, as well as some patient priorities, will have changed. These must be reviewed and prioritized for booking using the surgical priorities outlined in this plan.

Through consultations with health-care providers on the clinical needs of our patients, the following surgeries represent those that will be the focus of this first phase of renewal.

- Urgent surgeries – these will be identified as surgeries with waiting times of less than four weeks; these will capture many cancer cases. Dedicated time must be held for these cases because the urgency for some patients may have changed during the postponement period – they will now need their surgery more urgently;
- Patients who have had their surgery postponed and patients who have waited more than twice their clinical benchmarks;
- Surgeries that do not require patients to stay overnight in hospital, also known as daycare cases; as well as,
- Maximizing surgeries that are performed outside operating rooms, like cataract surgery.

During this period, it is important that everyone adhere to the provincial priorities, and that we remain focused on caring for those patients who need surgery most and on patients it is safest to care for. This moves us away from the target hip/knee priority. Significant progress has been made on the hip and knee and dental catch-up strategies; as surgical renewal proceeds, we will restore our focus on them.

Figure 2. Per cent of surgical patients waiting over 26 weeks.

Surgical Procedure	2016/17	2019/20	percentage point change 2016/17 to 2019/20
Hip & Knee Replacement	35.3%	24.3%	- 11.0%
Dental	17.1%	10.3%	- 6.8%

4. Adding more resources

Like many programs and services impacted by COVID-19, the delivery of this plan also requires added financial support. Some expenditures were not made as a result of the decreased services during this time and that preserved some resources. Net-new funding is still required for surgical renewal to fulfill its commitment to patients.

By making the investment now, this accelerates the work that was underway to plan for a five-year surgical strategy.

5. Reporting on Progress

We have been transparent with the public about the response to COVID-19. We must also be transparent about recovery efforts. As such, the ministry will work with health authorities to monitor and report regularly on the progress made as strategies are implemented.

Board chairs of each health authority are fully committed to this plan, to active implementation of it, and to ultimately improving surgical services for patients in their regions. Each health authority will prepare and submit regular reports on implementation and progress to the ministry. Learning and continuous improvement must be part of how the system adapts.

The ministry, along with health authorities, the Provincial Surgical Executive Committee and stakeholders, must bring a renewed energy to not only discussing but driving continuous improvement.

Getting Started

Patients and providers know that there is urgency to this work, as do health authorities and the ministry. Surgeries and operating hours must resume as quickly as possible. Challenges are expected, learning will occur and adaptation will result, so that the system meets the needs of patients.

We expect to complete all lost surgeries within 17–24 months and renewal efforts will be ongoing well into the future. That said, the elements of this plan are highly variable and interdependent. The timing and breadth of our success will be dictated by future events such as the potential for a second wave or surge of COVID-19 in the fall/winter, other pressures we may face, the ability of our system to mobilize quickly, and our commitment to move forward with mutual understanding and common goals. With that in mind, the following is a target timeline that will be monitored and adjusted as required.

Target Timeline

- **May 7-15:** Patient outreach, pre-operative screening, implementation planning;
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Next Steps – Fall/Winter

Public health officials have said a second wave of COVID-19 is likely in the fall/winter of 2020/21. That means the first phase of the recovery plan must be an immediate response, undertaken quickly with strong system co-ordination.

As there is currently no vaccine to protect against COVID-19, a subsequent plan must be developed to respond to – and recover from – a second wave of COVID-19. It is known that the evidence and understanding of COVID-19 will increase before that time. As such, next steps must incorporate new learnings.

The focus over the fall/winter should be to continue surgery in most sites, scaling back surgical services at dedicated COVID-19 hospitals as required to meet the needs/demands of COVID-19 patients. During this period, steps should be taken to continue to build on new ways of delivering surgery and patients access to it. Development of the plan for this will occur over the summer.

Continuing the renewal of surgical services

In addition to the patient focused changes that are being undertaken in the first phase, key elements must be built on and new ones considered.

Future key elements could include:

- Continued focus on ensuring urgent cases are getting completed within recommended wait times;
- Greater transparency for patients waiting to enable them to make the best care decisions;
- Expansion of programs and approaches that have proven success in increasing quality of care;
- Continued and expanded use of the virtual care options that have become available as a result of COVID-19;
- Greater use of waitlists, surgical benchmarks and analysis, including variations in case rate data (e.g., geographic, GBA+ and special populations) to help drive provincial surgical decision making;
- Implementation of the Surgical Waitlist Management Scheduling Solution to assist health authorities in managing their waitlists to the benefit of their patients;
- Support high quality and efficient surgery by examining and implementing models for high volume surgical centres; and,
- Build on the expanded surgical workforce to meet the growing need for surgical services.

Together, we are learning about COVID-19 and how to respond. These and other changes will be made as we learn more and continue to improve the surgical system. We will continue to work with patients, providers, health authorities and others to achieve our goals.