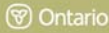


Effective Perioperative Practice

*Coaching Teams and Surgical Efficiency Targets:
An approach to addressing wait times for surgery*

*Melissa Farrell
A/Project Manager
Ontario's Wait Time Strategy, MOHLTC*

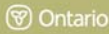
*Valerie Zellermeier
Program Director – Perioperative Services
St. Michael's Hospital, Toronto
Chair, SPAI Expert Panel, WTS, MOHLTC*



Agenda

2

- Ontario's Wait Time Strategy
- Surgical Process Analysis and Improvement (SPAI) Expert Panel
- Peri-operative Improvement Expert Coaching Teams
- Surgical Efficiency Targets (SET) Program



Agenda

3

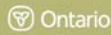
- **Ontario's Wait Time Strategy**
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Ontario's Wait Time Strategy Mandate

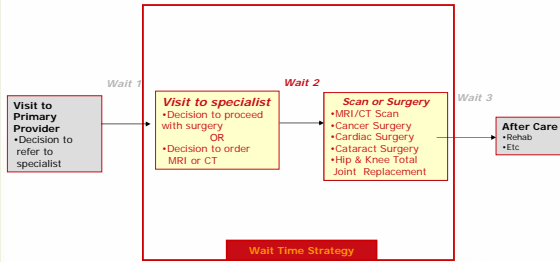
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- To develop a comprehensive system that monitors wait times and works toward ensuring Ontarians receive timely and appropriate access to five key services:
 - Total hip and knee joint replacements;
 - Cancer surgeries;
 - Cardiac care;
 - Cataract surgeries; and
 - MRI/CT scans.



Ontario's Wait Time Strategy: Focus of Wait

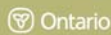
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Ontario's Wait Time Strategy: Key Objectives

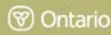
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- Timely, accurate, province-wide information that provides public reporting on how many Ontarians are waiting for a selected health care service, how long they have waited, and their relative urgency for service.
- Develop tools that provide a consistent method of assigning appropriate clinical urgency of patients, determined by expert panels
- Encourage hospitals to develop effective models, practices, and strategies to overcome clinically inappropriate waiting times
- Increase capacity to perform these services



Ontario's Wait Time Strategy: Engaging the Innovators for System Change 7

- In 2004, as part of the Wait Time Strategy, expert panels were created to provide advice and feedback to the Ministry on shaping the planning of transformation in the healthcare system
- Over 336 experts volunteered to participate in sixteen Expert Panels formed from October 2004-June 2006.
- Enormous breadth of participants including nurses, physicians, academics, government officials, hospital administration, etc



Ontario's Wait Time Targets 8

• On December 16, 2005, Ontario announced wait time targets for five key services after consultation with the experts

Service Area	Ontario's targets (in weeks) Announced Today	
Cataract Surgery	<ul style="list-style-type: none"> Priority I: immediate Priority II: 6 weeks Priority III: 12 weeks Priority IV: 26 weeks 	→ 182 Days
Hip-Knee Replacement	<ul style="list-style-type: none"> PI: Immediate PII: 6 weeks PIII: 12 weeks PIV: 26 weeks 	→ 182 Days
Cardiac Bypass Surgery	<ul style="list-style-type: none"> PI: Immediate PII: 2 weeks PIII: 6 weeks PIV: 26 weeks 	→ 182 Days
MRICT Scans	<ul style="list-style-type: none"> PI: Immediate PII: 48 hours PIII: 2 - 10 days PIV: 4 weeks 	→ 28 Days
Cancer Surgery	<ul style="list-style-type: none"> PI: Immediate PII: 2 weeks PIII: 4 weeks PIV: 12 weeks 	→ 84 Days



Ontario's Wait Time Strategy: The Approach 9

- *Transforming the Health Care System* through a three-pronged approach:

Capacity Building through additional surgical cases

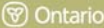
Wait Time measurement and reporting

System and Process Redesign



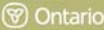
Capacity Building through additional surgical cases 10

- Allocate additional resources to hospitals
- Monitor surgical efficiency to provide opportunities to increase capacity/throughput
- Broadly disseminate Innovation and Education projects
- Monitoring wait times progress and selectively increase capacity to achieve targets
- Examine models of care that may better enable government to meet its wait time targets



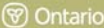
Wait Time Measurement and Reporting 11

- Implemented information system in hospitals to monitor wait times and information is displayed publicly on our website.
- Expert Panels provide advice on clinical targets, successful implementation and future direction of program
- System is also used to monitor wait time trends to identify areas where improvement is required
- This year, committed to expand the information system to capture ALL surgery by 2009.



System and Process Redesign: Significance to Broader Wait Time Strategy Agenda 12

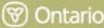
- Increasing efficiency is integral to sustaining the improvements in access and reduced wait times. While volume reductions are an important first step to reducing backlogs that resulted from years of insufficient capacity, this strategy is not sustainable. Increasing the effective use of resources is a means of ensuring that reduced wait times can be maintained.
- Additional benefits include:
 - A higher quality of care for patients;
 - More procedures being performed within the same time period, with the same resources; and
 - A cultural shift in access management and accountability



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System and Process Redesign

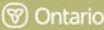
- Conditions tied to **funding** for additional procedures that promote system and process improvements.
- Collection of key indicators to measure **surgical efficiency** across the province. This will enable individual hospitals to examine whether their peri-operative systems are as **effective** as possible and evaluate how the hospital is performing relative to its peers.
- Peri-Operative Improvement Expert **Coaching Teams**
 - Coaching teams made up of peers with experience in effective management of peri-operative resources, to assist hospitals to improve patient flow and reduce bottlenecks.
 - 36 visits completed to date
- Working towards changing **service delivery** patterns



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Agenda

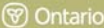
- Ontario's Wait Time Strategy
- **Surgical Process Analysis and Improvement (SPAI) Expert Panel**
- Peri-operative Improvement Expert Coaching Teams
- Surgical Efficiency Targets (SET) Program



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System and Process Redesign

- Surgical Process Analysis and Improvement (SPAI) Expert Panel
 - Established in October 2004
 - Design a plan to improve surgical effectiveness in Ontario's Hospitals
 - Members consist of experts involved in surgical care and management in Ontario hospitals
 - Expert Panel chaired by Valerie Zellermeier, Program Director, Peri-operative Services, St. Michael's Hospital



SPAI Expert Panel

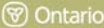
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Goals

To examine the continuum of surgical care to determine best practices for increasing capacity within available resources.

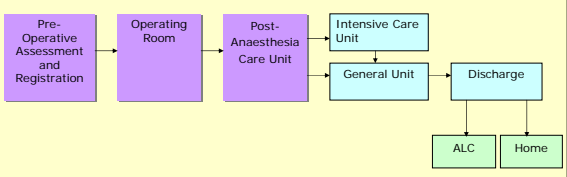
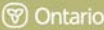
To advance quality surgical practice with a focus on

- patient safety;
- standardization;
- reduction of high variance in care and improved throughput of surgical cases; and
- Thus improved access to care for Ontarians



Patient Flow

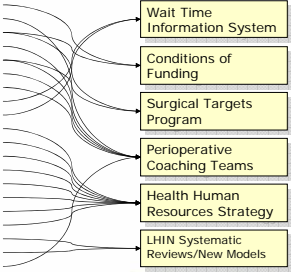
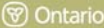
17

Action on SPAI Expert Panel Recommendations

18

- R1: leadership teams
- R3: map processes
- R2/R4: surgical targets
- R5: best practice targets
- R6: supply chain targets
- R7: Allocation of OR resources
- R8: Scheduling of urgent case
- R9: Operating room scheduling system
- R10: Perioperative electronic patient record
- R11: Supply chain management system
- R12/19: Tech laboratories/simulation
- R13: expanded practice roles
- R14: Peri-Operative technician role
- R15: inter-disciplinary perioperative teams
- R16: anaesthesia advance practice roles
- R17: anaesthesia care teams
- R18: standardized OR nursing education
- R20: review of funding models
- R21: regional surgical systems
- R22: coaching teams

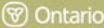
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Next Steps: SPAI Expert Panel*

New Mandate

- To provide advice and input regarding the Surgical Targets Program;
- To monitor the coaching team process and provide advice to the oversight committee where needed; and
- To design a model grounded in smoothing surgical flow.
- The model will predict ideal bed access/resources based on a known surgical demand, patient acuity and ideal patient flow.

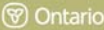
**The SPAI Expert Panel was reconstituted in February 2006*



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Agenda

- Ontario's Wait Time Strategy
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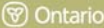


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Peri-Operative Improvement Coaching Teams

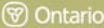
- Are made up of peers with experience in effective peri-operative management.
 - Teams typically include 4 members from the following specialties:
 - Administration
 - Physician Representative
 - OR Manager(s)

Concept: answers to system challenges/problems lie within the system itself.




Coaching is a... 22

- Collegial, collaborative, non-threatening approach
- Asking not telling
- Clear problem identification upfront
- Helping the team to discover possibilities
- Acknowledges the collective expertise of the hospital's perioperative team in developing their own action plan
- Encouraging local strategies

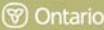


The Role of the Coaching Team 23

Consulting  Coaching

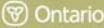
In a consultant relationship, the consultant does the work and defines the result

In a coaching relationship, the perioperative team being coached is responsible for their own outcomes through the development of an action plan



How can coaching promote learning..... 24

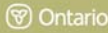
- ❖ It motivates organizations to devote time and attention to thinking about how they can improve the perioperative program
 - focusing the attention of the CEO and senior team on the perioperative program
- ❖ It helps perioperative team members understand the work demands and perspectives of other team members
 - focusing attention on specific bottlenecks in people's work - that other team members may not have been aware of
- ❖ Use of the SPAI report - provides a set of concrete tools or objectives that can help hospitals better understand and respond within the Wait Time Strategy
 - individual SPAI recommendations provide a broader set of tools to help organizations identify areas where their effectiveness/capacity can be improved
- ❖ Provides legitimacy to change efforts that can ultimately improve efficiency
 - coaching process, the SPAI recommendations, and the action planning can lend credence and support to change proposals - and help them gain the political support across the organization that they may need in order to succeed.



Coaching Team: Focus Groups

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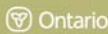
- Coaches meet with front line staff, physicians, perioperative leaders and the senior leadership team
- Hospital staff and the coaching team meet for focus groups, not interviews
- Prioritization of key issues are determined
- Open communication between both sides facilitates the focus groups and promotes team cohesiveness
- Coaching Team and hospital staff develop an action Plan to make their peri-operative process more effective



Action Plan Example

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SPAI #	Opportunities	Barriers/Challenges	Strategy	Most Responsible Person/ Time Frame
R18	Education Days for staff (program wide standard) <ul style="list-style-type: none"> - Increase opportunities for staff education in the surgery program - Equal expectations at all sites - Explore opportunities for paid education days. Staff Currently use vacation 	The potential for inequities between programs that may result in competition and staff dissatisfaction. No allocation for paid vacation days in base funding for the program.	Identify opportunities to obtain funding: -RNAO -Vendor education funds -Medical/Anesthesia Departments Involve HR in planning	Managers and Educators 3 – 6 months
R18	Human Resource Issues Develop a standardized operating room nursing education program (provincially)	Inability to attract qualified candidates to current nurse educator position. There is a lack of interdisciplinary team approaches to planning and methods to address interpersonal differences	Develop medical and nursing human resource plans that address upcoming retirements, recruitment and retention issues as well as strategic directions. Investigate innovative, creative strategies for providing nursing education. Investigate methods to address an interdisciplinary and across discipline/unit solutions to identified issues that impact patient, staff and/or physicians quality of work life.	



... Action Plan Example Cont'd

27

SPAI #	Opportunities	Barriers/Challenges	Strategy	Most Responsible Person/ Time Frame
R22	HR Issues Education	Finances and lack of relief to attend education cross training to ER -- Difficult to meet educational requirements of both areas	<ul style="list-style-type: none"> -Develop corporate approach to nursing educational support -Encourage RNAO/RPNAO education fund -Establish in house education programs -Telehealth -Develop strategies to access educational opportunities – video conferencing, access vendors for education funding 	- Nursing Leadership We utilize this Ave but there are improvements to be made 2007 Budget - On Going Education Co-od and Front line Staff
R18	Education There is an opportunity for the organization in their recruitment and retention strategy for the surgical program to support professional practice	No dedicated professional practice support. No time within the OR schedule Impact to physicians and support of model	<ul style="list-style-type: none"> - Define model of professional practice support - Review of peer (internal and external) professional practice models - Develop model for education within the OR schedule - Maximize use of vendor supported education events for both nurses and physicians - Educational needs assessment - Obtain detailed information from Finance for budgeted vs. actual education hours 	OR Director and Director of Surgical Services/ By end of December



Progress to Date 28

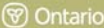
- 4 site visits scheduled from May 2007 through August 2007, 11 hospitals interested
- 36 Completed to date (Dec 05 through Apr 07):

<ul style="list-style-type: none"> Muskoka East Parry Sound Joseph Brant Memorial Hospital Brant Community Healthcare System Grand River Regional Hospital St. Joseph's Healthcare Centre Kingston General Hospital Lakeridge Health Sciences Centre Niagara Health System Norfolk General Hospital West Lincoln Memorial Hospital London Health Sciences Centre Dryden Regional Health Centre Headwaters Healthcare Centre Winchester District Memorial Hospital Grey Bruce Health Services Queensway Carleton North York General Hospital Chatham Kent Health Alliance Bluewater Health Centre 	<ul style="list-style-type: none"> Hawkesbury and District General Hospital Cornwall Community Hospital Southlake Regional Hospital CHEO Sault Area Hospital York Central Hospital William Osler Health Centre Arnprior and District Memorial Hospital Windsor Regional Hospital St. Thomas-Elgin General Hospital Orillia Soldiers' Memorial Hospital Hamilton Health Sciences Hotel Dieu Grace Hospital Tiltsburg District Memorial Hospital Ross Memorial Hospital Timmins and District General Hospital Lake-of-the-Woods District Hospital
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Themes To Date (in order of frequency) 29

Leadership and Accountability	<ul style="list-style-type: none"> Challenges with OR leadership committees and/or lack of clear leadership for OR OR governance has continued to challenge many physicians to become partners with their administrative counterparts. The need for physician engagement is critical Lack of physician understanding of the complexity of the peri-operative infrastructure
Allocation of OR resources	<ul style="list-style-type: none"> Allocation of OR resources based on historical allocations Lack of formalized scheduling policies Urgent/emergent scheduling
Flow and Space Issues	<ul style="list-style-type: none"> Surgical bed access (ICU, ward) Resource intense pre-op programs Lack of early identification of discharge needs Matching workflow to resources




Themes to Date (continued) 30

Data Collection	<ul style="list-style-type: none"> No select group of key indicators Capacity but no clear understanding of how to use data collected
Human Resource Issues	<ul style="list-style-type: none"> Lack of interdisciplinary approach to managing OR resources Recognized need for new roles (i.e. Anaesthesia Assistants, RNAs, etc) Lack of solid HR strategies to replace retiring surgeons, anaesthetists and clinical staff
Equipment and Supplies	<ul style="list-style-type: none"> Few hospitals bundling equipment purchases High inventory levels



Strategies 31

Leadership and Accountability	<ul style="list-style-type: none"> Overall perioperative committee responsible for the program In medium to large organizations there has to be consideration for an executive peri-operative team to make rapid decisions regarding OR Management. Typically, this includes Chief of Surgery, Chief of Anaesthesia and the Peri-operative Director
Allocation of OR resources	<ul style="list-style-type: none"> Allocation of resources should be based on patient need as well as LHIN and hospital priorities not historical allocations
Flow and Space Issues	<ul style="list-style-type: none"> Need to educate staff on how to map perioperative processes to identify flow issues and develop strategies to reduce bottlenecks. Variations in physical plant



Strategies continued 32


Data Collection	<ul style="list-style-type: none"> There is a need to create a central list of indicators, suggestions are included within the SPAI report and some common indicators through the Surgical Target Program Hospitals to be aware of the data elements and develop plans for data capture
Human Resource Issues	<ul style="list-style-type: none"> Interdisciplinary approach to managing and planning for OR Develop solid HR replacement strategies Provide on-going training and communication to staff and physicians
Equipment and Supplies	<ul style="list-style-type: none"> Bundle equipment/supply purchases with other hospitals within your LHIN and across the province Review inventory levels and reduce unnecessary duplication



Success Factors 33

➤ Coaching Teams are successful because:

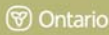
- They are led and endorsed by the field
- They are about system improvements that will last beyond the political timeframe
- Individual hospitals will be armed with the best available knowledge to make appropriate decisions about how to improve and to work together on standardizing processes and practices.



System helping the system

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- Imbedding a new approach to change through coaching
- Role model coaching to the organization
- Professional development of coaches within their own organizations
- Coach as a "trusted adviser" – Not only coach and support the hospital but also provide expertise when needed



Lessons Learned

35

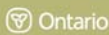
- Remarkable similarities between operational issues facing Peri-operative groups at teaching versus non-teaching hospitals - mostly an issue of scope
- Strong leadership is needed to balance the big 4 wait time services versus others
- There are some predictable responses from physician groups as we go through the coaching exercise; show me the data, argue with the data, if all else fails - my patient's are different



Next Steps: Coaching Teams


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- Follow up visits with first few hospitals and assessment of outcomes is underway
- Third party evaluation on the Coaching Team process is underway
- If required, revisions to programs will be made based on feedback from follow up visits
- Updated website – materials for coaches and hospitals



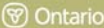
Agenda 37

- Ontario's Wait Time Strategy
- Surgical Process Analysis and Improvement (SPAI) Expert Panel
- Peri-operative Improvement Expert Coaching Teams
- **Surgical Efficiency Targets (SET) Program**

 Ontario

Surgical Efficiency Targets Program 38

- The Surgical Efficiency Targets Program will provide data and information to support effective, efficient and consistent surgical management processes that:
 - Facilitate safe and efficient patient care; and
 - Improve access to surgical resources.
- You can't improve what you don't measure

 Ontario


Goals and Objectives 39

Goals:

- Optimize surgical capacity throughout the province and reduce surgical wait times
- Improve the quality of care received by the patient
- Produce a baseline of provincial surgical data

Objectives:

- Standardize OR indicators across Ontario
- Implement a system that will support the collection, analysis, and reporting of OR performance


 Ontario

Phase I - Indicators 40

- Initial set of Key Performance Indicators (KPIs):
 - Prime Time Operating Room Utilization
 - Start Time Accuracy
 - First case of the day
 - Subsequent cases
 - Scheduling Accuracy
 - Estimated case-duration accuracy
 - Add-on percentage – weekdays

Timeline:
All hospitals active with these KPIs by May 2007

- data required for Phase I KPIs already being collected by most hospitals

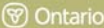


Phase II - Indicators 41

- Simultaneously with implementation, Phase II Key Performance Indicators (KPIs) have been developed
- Draft KPIs reviewed by SPAI, Peri-operative Coaches, and participating hospitals
- Collection of these indicators will be a challenge for some hospitals, but creates an opportunity for improvement

Process, Quality, Patient Safety Indicators - DRAFT:

- Total Volume Trends
- Unplanned Closures of OR's
- Case Time
- Pre-admission Screening
- Surgical Pause
- Turnover Time
- Block Utilization
- Emergency Case Analysis
- Cancellation/Delay Analysis





Who Will See What Data 42

The ministry and LHIN will have access to the summary dashboard for high level monitoring

Hospitals will have specific data analysis by procedure, physician, patient type etc, which will be password protected

Indicator	Actual	Average	Achievement
Start Time Accuracy	89.6%	84.9	105.44%
First Case*	42.0%	56.4	74.42%
Subsequent Case*	9.2%	25.1	36.32%
% Short Estimates*	42.9%	36.9	16.62%
% Accurate*	47.0%	30.0	-25.79%
Utilization			
Case Duration Accuracy	70%	74	105.70%
Prime Time*	74%	79	93.61%
Prime Time*	41%	78	52.36%
Prime Time*	135%	62	216.96%
Scheduling			
Add-on Weekdays*	19.0%	10.9	56.17%





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Phase III - Setting Targets

- When setting targets and comparing to peers, it is imperative to do comparisons with like entities:

Hospital types	Like Services
<ul style="list-style-type: none"> •Small/Rural •Small Community •Large Community •Complex Community •Acute/Teaching 	<ul style="list-style-type: none"> •Open Heart Surgery •Cataract Centres •% Ambulatory •Paediatric



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Phase IV - Targets & Best Practices

- To ensure effective and efficient use of OR resources, measurement is only a start.
 - ❖ Improvements (and savings) will come from establishing best practice outcomes and standardization of processes to reduce waste or variance.
- Data collection and target setting ensures:
 - ❖ Hospitals are collecting data on what is happening in their facilities (e.g. evidence of effective use of resources);
 - ❖ Hospitals and LHINs are sharing information for improvement;
 - ❖ Transparency of OR performance expectations;
 - ❖ LHINs are able to link performance with funding.



45

Targets and Best Practices – next steps

- Where standardization has been most successful, it has been a system-wide partnership effort.
 - SPAI Report outlined a set of surgical targets linked to best practices and standards
 - Participating hospitals will be involved in setting hospital-specific targets
 - Peri-operative Improvement Coaching Teams will be able to facilitate knowledge sharing and dissemination of best practices
 - LHINs present opportunity for fostering partnerships with smaller hospitals



Surgical Efficiency Targets Program – Implementation Update

46

As of March 2007,

Individual Profiles Built – 110 (100%)

Active Individual Dashboards – 47 (43%)

Active Roll up Dashboards – 3 (8%)

Timeline	Action
April 2007	Final Phase II indicators and beta sites selected
May 2007	Phase I implementation completed
Spring – Summer 2007	Beta sites to implement Phase II indicators
Autumn 2007	Roll out Phase II indicators to all participating hospitals

Ontario

Outcomes to date

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- Very accessible and timely reporting on OR performance with minimal effort
- Ability to share data, in both tabular and graph form, to all stakeholders with ease
- In-depth diagnostic analysis within minutes
- Identify variability - isolate special cause from common cause to better focus solutions
- Beginnings of:
 - standardized reporting across the entire province
 - historical data to understand trends

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