

REPORT HIGHLIGHTS

August 29, 2008

Interior Health Authority: Working to Improve Access to Surgical Services

Introduction

The Ministry of Health Services is the overall steward of the health system. Service delivery is the responsibility of the health authorities, including the topic of this audit, access to surgical services and the use of surgical resources. Our audit focused on one health authority, Interior Health.

Wait lists for elective surgery

Waiting for access to surgery is a concern provincially and across the country. The Canadian Community Health Survey found wait times were the number one barrier to health care in Canada (2005). In British Columbia, nearly 460,000 surgeries were performed in 2007 and according to the Ministry of Health Services there were over 72,000 patients waiting for surgeries in January of this year. While there is no wait list for emergency surgery, long waits for elective surgeries (for example hip and knee replacements) have become a major concern to many British Columbians.

There are several reasons for this concern. More people are requiring surgery more often as the population ages, medical conditions change and technology advances, increasing the ability to treat. Physicians want to provide surgery sooner as it tends to improve patient outcomes. Healthcare is the number one public expense in BC and interest in the accountability of health authorities for their performance has heightened in recent years. There is a desire for greater surgical efficiency, and at the same time a concern about patient safety and maintaining quality of care.

This audit examined Interior Health, focusing on the management and efficient use of resources to provide safe, efficient and effective surgical services.

What we concluded

Overall, we concluded that Interior Health Authority does not have all necessary systems in place to optimize the use of resources to provide efficient and effective surgical services. However, Interior Health is taking steps to improve effectiveness, for example, through the introduction of pre-surgical screening and standardized operating room booking, and through the implementation of an information system for surgical services. As well, Interior Health has established a suite of performance indicators and reports on them internally and to the Ministry of Health Services but not to the general public.

We make 12 recommendations for improving access to surgical services grouped into 4 areas: integrated capacity planning, effective surgical services management, information systems and public reporting. The Interior Health Authority has accepted these recommendations.

Key Findings

A comprehensive and fully integrated planning framework for surgical services is not in place

Interior Health set up a Surgical Council in 2004 made up of staff and physicians. The Council has been successful in a number of areas such as pre-surgical screening, standardized booking forms, information systems, and reporting indicators. However, direction for the surgical program has not been clear. Key aspects such as human resource planning and budgeting are not looked at from a regional program perspective. Nor are there clearly defined roles, responsibilities and accountabilities for the management of surgical services. Without clarity in these areas the health authority will have difficulty developing a comprehensive and integrated planning framework of surgical service capacity, structure and resources.

Interior Health is not yet demonstrating effectiveness in surgical services management but is taking steps to improve

Effective and efficient surgical services require a complex array of components: adequate numbers of appropriately trained staff in a variety of professions; policies and standards; booking and scheduling systems; suitable equipment and facilities; and systems in place for monitoring and safety. Interior Health is putting in place the infrastructure necessary to manage surgical services effectively, for example, it is developing region-wide policies, standardizing equipment and care protocols, and monitoring practice and overall service. However, some initiatives are in the early stages and need to be expanded and strengthened to further improve the effectiveness of surgical services. Regional coordination and standardization of other initiatives also need attention, including staff orientation and training; performance reviews; processes to allocate surgical time; and tracking and reporting of patient safety incidents.

Interior Health has information systems in place to support surgical services management

At the time of the audit Interior Health had substantially finished implementing an information system for surgical services management. Data quality was being monitored and improved. This system is producing reports useful to surgical service management. However, integration of the system with other related hospital information, such as bed management, remains a challenge.

Interior Health reports on surgical services performance internally and to the Ministry of Health Services, but not to the public

Reports on surgical services performance are readily available within Interior Health. The health authority is also meeting the reporting requirements of the Ministry of Health Services on the performance of surgical services. However, the health authority is not reporting to the public on the performance of surgical services.

For more information, please contact:

Office of the Auditor General, 8 Bastion Square, Victoria, B.C. V8V 1X4

Tel: 250 387-6803 or Toll free *Enquiry BC* at 1 800 663-7867 (in Vancouver 604 660-2421)

A copy of the full report is available on our website at: www.bcauditor.com