



# A Commitment to Surgical Renewal in B.C.

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## Progress Report #1: May – June 2020

July 21, 2020

## Minister's Message

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On March 16, 2020, we postponed non-urgent scheduled surgeries to ensure our hospitals had the capacity to address COVID-19 patient needs. On May 7, we released our plan and commitment to surgical renewal in B.C and began calling patients to see if they were ready to reschedule their surgery.

We resumed non-urgent scheduled surgeries on May 18 and have been providing weekly updates on our progress at our Thursday COVID-19 briefings. We said we would provide written monthly reports on progress starting in July. Our first report covers the period May 18 to June 25. It examines our progress in completing postponed surgeries and in meeting demand for the surgeries patients need.

Our commitment was to provide surgeries to patients in the safest way possible, and in the early days of our renewal, our efforts were especially careful and methodical. As surgical renewal proceeded, we achieved a dramatic increase in surgeries provided to patients.

This first report reflects the extraordinary work happening in our public health-care system. We had set our expectation that our health system would be back to full surgical capacity by the middle of June. We are there. We are immensely grateful to everyone involved for achieving such a successful start to surgical renewal and putting in place the foundation for ongoing achievement.

Our clinical guidelines are making surgeries safe for patients and those involved in delivering surgeries. And they're improving efficiencies, which have contributed to the increase in surgeries.

Our commitment in the initial phase is to focus on urgent surgeries: patients whose surgeries must occur in less than four weeks; patients who had their surgery postponed as a result of COVID-19; and, patients who have waited more than twice their targeted wait time. We are fulfilling this commitment.

This progress report also shows our first steps to increase capacity. We are modifying shift scheduling and vacation planning to align with our need for more surgical capacity this summer. We have maximized our use of contracted private surgical centres. And we have started to increase the essential health-care staff required to meet our commitment to patients in need of surgery.

This progress is encouraging. It is hard work and it has just begun. As our plan makes clear, a resurgence or a second wave of COVID-19 this fall will affect our progress. Everyone involved in delivering the surgeries patients need is counting on us to stop the spread.

As I write this, our daily COVID-19 cases have increased. So far, we've helped stop the spread and it's made all the difference. It made possible our social and economic renewal, our visitation with loved ones at long-term care homes and our surgical renewal. To make sure patients continue to get the surgeries they need, we must continue to be 100% all-in on stopping the spread of COVID-19.

Sincerely,



Adrian Dix  
Minister of Health

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## Surgical Renewal Progress At-A-Glance: May 18 – June 25

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- ▶ Over 62,700 patients have been contacted to see if they are ready to reschedule their surgery.
- ▶ As of June 25, health authorities report that 52% of patients who were called and had their surgery postponed have had their surgery completed.
- ▶ Health authorities were able to ramp up to 97% of last year's operating room (OR) hours by June 25. As of July 4, with the exception of Northern Health, all health authorities are now operating at or above last year's OR hours. A mechanical issue with the air exchange at UHNBC has resulted in one of the operating rooms being closed until the issue can be resolved.
- ▶ From May 18 to June 25, 33,723 surgeries were completed, representing 91% of last year's volume over the same timeframe. Since June 15, 100% or more of 2019 volumes were completed each week.
- ▶ Urgent surgery volumes exceeded last year's volumes.
- ▶ Significant focus on patients waiting longer than two times their target wait time resulted in these patients making up 19.4% of non-urgent surgeries completed during the time period compared to 10.5% in 2019.
- ▶ Surgeries are taking 6% longer due to required COVID-19 safety protocols. This is down from 26% during the initial COVID-19 response. The new clinical guidelines and protocols put in place to support a safe surgical renewal have dramatically improved operating room efficiency. By improving efficiency, it allows a quicker catch up and acts as an insurance policy against the impacts of a potential second COVID-19 wave.
- ▶ Funding of \$815,000 has been provided to target recruitment of the health-care professionals needed to support surgery renewal. Since April 1, 2020, 29 new anesthetists have been recruited. Recruitment efforts have also resulted in the hiring of 111 perioperative registered nurses, six perioperative licensed practical nurses, 60 post-anesthetic recovery registered nurses, and 35 medical device reprocessing technicians.
- ▶ There is much work to be done in the weeks and months ahead to increase surgeries.

## Updates to Initial Data Estimates

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On March 16, 2020, non-urgent scheduled surgeries were postponed in B.C. due to COVID-19. We announced our surgical renewal commitment to patients on May 7 and began calling patients about their readiness for surgery. The commitment contains targets and timelines, acknowledges that there are many unknowns, that we will continue to learn, and that surgical renewal will continue to be informed by our experiences, and what we learn from them.

When we were developing our renewal commitment, we only had early data to show us the impacts and challenges. We now have data for the weeks between March 16 and May 18, and can present a clearer picture of the challenges already overcome and those which lie ahead.

While the additional data adds clarity to the impacts of surgery postponement, the strategies to recover the lost surgeries don't change. They remain as they were presented in the May 7 surgical renewal commitment to patients.

The following updated figures cover the period of March 16 to May 18. They show the total impact to surgeries in B.C. during the nine-week period:

- Health authorities performed approximately 32,400 fewer scheduled surgeries than expected. Previously, we estimated this at 30,000.
- The time each surgery took to complete increased by about 26%, with urgent scheduled surgeries taking as much as 48% longer. Previously, this was reported as 30%. The waitlist increased by about 7,900 cases throughout B.C. during this period.
- A further estimated 24,400 patients are anticipated to be identified for the waitlist in the future.
- Waitlist size is now being reduced under the surgical renewal plan and the current waitlist size is 95,216 patients (90,422 adult and 4,794 pediatric).
- Patients already on the waitlist are waiting significantly longer than they would have prior to COVID-19; approximately two months longer at this point.

To complete the 32,400 impacted surgeries while maintaining our normal surgical activity and growing it to keep up with demand, we will add 17,700 operating room (OR) days in 2020/21 (a 24% increase) and increase that to 33,400 OR days in 2021/22 (a 45% increase).

There is no question that this is the biggest challenge our surgical system has ever faced and will be the most massive renewal undertaking.

The surgical renewal commitment is for all patients on the waitlist now and those who will need surgery in the future. Fulfilling the commitment will not just get us back to the number of surgeries performed before COVID-19. It will allow us to keep up with new demands for surgery and complete the surgeries we lost to COVID-19 in 17-to-24 months. The urgency of progress is significant; a potential resurgence or second wave will again impact surgical services. If a second wave of COVID-19 caused a 10% reduction in non-urgent or scheduled surgeries for six months, the timeline to recover the lost surgeries would be extended by an additional three months.

Our commitment continues to be to provide surgeries to patients in the safest way possible based on patient need. Across all health authorities, everyone is working together to fulfil the surgical renewal commitment.

## Surgical Renewal Commitment Progress Report

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We committed to be transparent about recovery efforts. In this first update, we provide early indicators of progress and areas where further work is still required to meet our goals.

The reporting period covers May 18 to June 25, 2020 and compares it (unless otherwise noted) to the same period in 2019. This date range includes the first weeks of our renewal, when practices and learning played a significant role in how operating rooms were readied for surgery. The data reflects this, showing how health authorities are performing more surgeries in recent weeks than in the earlier weeks. We are using this time period as it aligns our renewal reports with standard Ministry of Health reporting and allows us to compare like timeframes across multiple data sets and sources.

In monitoring our progress, there are several things we expect to see as part of the surgical renewal commitment, or as a result of it.

### 1. Focusing on Patients

We are contacting patients and prioritizing urgent scheduled surgeries: those patients whose surgeries must occur in less than four weeks; patients who had their surgery postponed as a result of COVID-19; and, patients who have waited more than twice their targeted wait time. In each of these areas, we expect the data to show us the following progress:

#### **Making Calls to Patients**

We expect health authorities to call all the patients who were on their waitlist prior to May 7, 2020. As these calls continue, we will find a per cent of surgeries that are duplicate entries or where the patient record hasn't been updated and they no longer require surgery. We will remove these cases from the waitlist, improving the integrity of our waitlist.

#### **Prioritizing and Completing Postponed Surgeries**

We expect that many of these non-urgent surgeries are being prioritized under the plan and expect many to have been already completed.

#### **Performing Urgent Scheduled Surgeries**

As we focus on urgent scheduled surgeries, we expect to see more of these surgeries being completed as a per cent of the total completed. We also expect that we will initially need to focus on those urgent surgeries that have waited longer. Once these long waiting surgeries have been completed, our ability to complete urgent scheduled surgeries within 28 days will improve. We will be reporting on this wait time in future updates. Completing Non-Urgent Scheduled Surgeries

Contrary to what might be expected in the first weeks and months of renewal, wait times for non-urgent surgeries will increase for surgeries completed. This will occur because patients have already waited an additional two months due to COVID-19. As well, by focusing on surgeries waiting more than two times their target wait time, we will naturally see an increase in the wait time for surgeries completed. We will be reporting on this wait time in future updates.

## 2. Increasing Surgeries

### **Extending Operating Room Hours**

The amount of time operating rooms are active in each health authority is an important measurement. It will provide us with a measurement of operating room capacity. We know there is enough potential capacity to achieve our goals and this measurement will show the advances we are making towards our goal capacity.

### **Expanding Summer Capacity**

In previous years, the arrival of summer has seen surgical activity decrease due to planned vacations and represents an area of significant capacity to be gained. Under the renewal plan, health authorities are expanding summer capacity and the data will reflect this.

### **Improving Operating Room Efficiency**

During the initial response to COVID-19, new protocols were put in place to ensure the safety of staff and patients. As a result, surgeries took approximately 26% longer, with a noticeable increase of about 48% longer for urgent surgeries.

As B.C. flattened the curve, further evidence and literature reviews showed that for patients with no risk factors and no symptoms of COVID-19, standard infection prevention and control measures and PPE should be used. As a result, we expect operating room efficiency to improve.

### **Performing More Surgeries**

The volume of surgeries completed will increase but the efficiency reduction will affect the volumes we are able to achieve. In addition, urgent scheduled surgeries and long waiting surgeries are typically longer surgeries – taking up more operating room time. This is another reason why we are looking at capacity data.

The ministry is also shifting to reporting all surgeries, including some previously excluded procedures. Before this, the focus was on scheduled surgeries — specifically hip, knee and dental. As such, reporting did not include some surgeries, such as corneal transplants, some cardiac procedures and other surgeries. These exclusions are five per cent of total surgical activity and will now be captured to allow for accurate comparisons for operating room capacity measures.

### 3. Increasing Essential Personnel

In June, health authorities began to put together their plans to train and recruit the health-care professional that renewal will require. Their early actions are reported in the pages that follow.

## Focusing on Patients

By May 18, 2020, health authorities had performed an estimated 32,400 fewer scheduled surgeries than expected. We're making sure that those patients needing surgery most will have their surgery scheduled first.

### Making Calls to Patients

In our surgical renewal commitment, we said we would deliver surgeries in a manner that is that safe for both patients and their providers. We began calling patients across all health authorities to see if they were ready and willing to have their surgery rescheduled. Most patients are ready to proceed with their surgery. Some patients prefer to wait for surgery until the pandemic is behind us, and their decision is shared with their surgeon for follow up.

#### Calls to Patients<sup>1</sup> Progress Report: May 7 – July 12, 2020

Health Authority	# Patients Contacted <sup>2</sup>	# Available Patients	# Unavailable Patients (due to COVID-19)	# Unavailable Patients (non- COVID-19 reason)	# Patients Removed from Waitlist
Fraser Health	15,743	13,733	336	578	1,096
Interior Health	11,280	9,875	264	769	372
Island Health	10,153	9,347	136	270	400
Northern Health	3,717	2,947	94	289	387
PHSA	2,876	2,748	29	50	49
Vancouver Coastal Health <sup>3</sup>	18,975	9,184	691	916	2,070
<b>B.C. TOTAL</b>	<b>62,744</b>	<b>47,834</b>	<b>1,550</b>	<b>2,872</b>	<b>4,374</b>

<sup>1</sup> Callouts are as entered at the time of reporting as of July 12, 2020 and may not be reflective of all callouts in the date range. There may be changes in callouts reported compared to previous reports if the health authorities have updated (or restated) their callouts for that date range.

<sup>2</sup> The number of patients contacted is not necessarily the sum of # available patients + # unavailable patients + # patients removed from waitlist because the health authorities could be conducting multiple follow-ups with the patient to confirm their availability.

<sup>3</sup> VCH's # of patients removed from waitlist is higher due to their approach to calling patients (e.g., calling longest waiting patients first) and historical gaps in waitlist management processes (i.e., not removing patients who already had their procedures or long waiting patients who no longer should be on the waitlist).



## Prioritizing and Completing Postponed Surgeries

On March 16, 2020, when we made the difficult decision to postpone non-urgent scheduled surgeries to ensure capacity in our hospitals to address COVID-19 patient needs, we made a commitment to those who had their surgery postponed that they would not be forgotten.

Each of the 17,742 patients who were called and had their surgery postponed between March 16 – May 18 was carefully logged by the health authorities so that we could get back to those patients when the time was right. As of June 25, we can report that 52% of those surgeries have now been completed.

### Postponed Surgeries that have been Scheduled or Completed

Health Authority	Postponed	% Postponed Surgeries Completed <sup>1</sup>
Fraser Health <sup>2</sup>	4,724	57%
Interior Health	3,129	54%
Island Health <sup>3</sup>	3,725	59%
Northern Health	724	42%
PHSA	660	44%
Vancouver Coastal Health	4,780	43%
<b>B.C. TOTAL</b>	<b>17,742<sup>4</sup></b>	<b>52%</b>

<sup>1</sup> Percentage of postponed cases completed = [completed / (total # of postponed cases – removed waitlist)], unless otherwise noted.

<sup>2</sup> FH completions include all cases that have been completed, cancelled or are no longer waiting. Percentage of postponed cases completed = completed/postponed, where postponed includes completions and cases cancelled off the waitlist.

<sup>3</sup> Island Health completions are based on data as of June 28, 2020.

<sup>4</sup> Postponed cases have increased by 715 surgeries compared to earlier reported data as there is now additional clarity to the impacts of surgery postponement.

## Performing Urgent Scheduled Surgeries

From May 18 to June 25, slightly more urgent scheduled surgeries were completed than in 2019. To note, 32.1% of all surgeries completed were urgent scheduled surgeries compared to 29.1% last year. This shows that urgent scheduled surgeries are a primary focus.

### Completed Urgent Scheduled Surgeries as Compared to 2019/20\*

Health Authority	Urgent Surgeries 2019/20	Total Surgeries 2019/20	Urgent Surgeries as % of Total 2019/20	Urgent Surgeries 2020/21	Total Surgeries 2020/21	Urgent Surgeries as % of Total 2020/21
Fraser Health	2,705	10,177	26.6%	2,462	9,208	26.7%
Interior Health	1,993	6,488	30.7%	2,351	6,183	38.0%
Island Health	2,232	7,356	30.3%	2,533	7,838	32.3%
Northern Health	409	2,059	19.9%	421	1,813	23.2%
PHSA	366	1,253	29.2%	367	1,129	32.5%
Vancouver Coastal Health	3,088	9,735	31.7%	2,707	7,552	35.8%
<b>B.C. TOTAL</b>	<b>10,793</b>	<b>37,068</b>	<b>29.1%</b>	<b>10,841</b>	<b>33,723</b>	<b>32.1%</b>

\* Period from May 18 to June 25 (2019/20 compared to 2020/21).

## Completing Non-Urgent Scheduled Surgeries

From May 18 to June 25, 19.4% of non-urgent surgeries completed were those waiting greater than two times the target wait time compared to 10.5% last year, demonstrating an ongoing focus on these types of surgeries.

### Completed Non-Urgent Scheduled Surgeries as Compared to 2019/20\*

Health Authority	>2x Target Wait Times 2019/20	Total Non-Urgent 2019/20	% of Total 2019/20	>2x Target Wait Times 2020/21	Total Non-Urgent 2020/21	% of Total 2020/21
Fraser Health	510	4,691	10.9%	784	4,287	18.3%
Interior Health	377	2,892	13.0%	534	2,297	23.2%
Island Health	330	3,251	10.2%	757	3,460	21.9%
Northern Health	60	1,213	4.9%	88	997	8.8%
PHSA	39	720	5.4%	88	575	15.3%
Vancouver Coastal Health	467	4,254	11.0%	586	2,996	19.6%
<b>B.C. TOTAL</b>	<b>1,783</b>	<b>17,021</b>	<b>10.5%</b>	<b>2,837</b>	<b>14,612</b>	<b>19.4%</b>

\* Period from May 18 to June 25 (2019/20 compared to 2020/21).

## Increasing Surgeries

All health authorities are increasing their surgical capacity so we can recover lost surgeries and keep up with new demands. Across B.C. we are working to increase operating room (OR) hours by extending OR days, adding in weekends, reducing summer slowdowns and maximizing use of contracted private surgical centres. Efforts have also been made to maximize efficiency under new COVID-19 protocols.

### Extending Operating Room Hours

Health authorities committed to returning to normal OR capacity. From May 18 to June 25, they collectively achieved 97% of last year's OR hours. Of note are Interior Health and Island Health, which achieved pre-COVID OR hours in the reporting period. As of July 4, all health authorities, apart from Northern Health, are now operating at or above last year's OR hours. A mechanical issue with air exchange at UHNBC has resulted in one of the operating rooms being closed until the issue can be resolved.

## Operating Room Hours by Health Authority

Health Authority	Total Hours 2020/21	% of Previous Hours
Fraser Health	15,081	95%
Interior Health	11,046	100%
Island Health	13,693	109%
Northern Health	1,685	85%
PHSA	2,251	93%
Vancouver Coastal Health	16,943	90%
<b>B.C. TOTAL</b>	<b>60,700</b>	<b>97%</b>

## Expanding Summer Capacity

In previous years, summer's arrival has seen surgical activity decreases due to planned vacations. This year, we committed to work as hard as possible to minimize this in anticipation of a possible second wave of COVID-19, and health-care providers responded. As a result, this summer's slowdown period will be reduced by 52%.

## Planned Reduction of Summer Slowdown Period: Operating Room (OR) Hours

Health Authority	Added OR Hours (July – August)	% Slowdown Reduction (2019/20-2020/21) <sup>2</sup>
Fraser Health	1,752	-43%
Interior Health	1,746	-96%
Island Health	885	-46%
Northern Health	222	-67%
PHSA <sup>1</sup>	n/a	n/a
Vancouver Coastal Health	2,378	-47%
<b>B.C. TOTAL</b>	<b>6,983</b>	<b>-52%</b>

<sup>1</sup> PHSA had eliminated summer slowdowns as of 2018/19 fiscal year.

<sup>2</sup> Per cent reduction = [(2020/21 OR Hours 'Lost' – 2019/20 OR Hours 'Lost') / (2019/20 OR Hours 'Lost')].

## Improving Operating Room Efficiency

During the initial COVID-19 response, surgeries were taking 26% longer – with a noticeable 48% increase for urgent scheduled surgeries – due to required COVID-19 safety protocols. While surgeries are still taking longer at most sites than they did pre-COVID-19, the new clinical guidelines and protocols put in place are dramatically improving operating room efficiency and supporting many of the other positive achievements this reporting period. Moreover, they are continuing to support a safe surgical renewal for patients and surgical care teams.

This improvement is highly vulnerable to a second wave of COVID-19 and will need to be monitored closely. Improving our efficiency allows us to perform more surgeries and, importantly, is a gain that acts like an insurance policy against the impacts of a potential second wave and will enable us to address the additional 24,400 surgeries we anticipate being added to our waitlist.

### Operating Room (OR) Hours per Surgery as Compared to 2019/20

Health Authority	% of Previous OR Hours per Surgery
Fraser Health	105%
Interior Health	104%
Island Health	103%
Northern Health	91%
PHSA	103%
Vancouver Coastal Health	113%
<b>B.C. TOTAL</b>	<b>106%</b>

### Performing More Surgeries

Non-urgent scheduled surgeries resumed on May 18, 2020. Between May 18 to June 25, 33,723 surgeries have been completed across the province – 7,537 unscheduled surgeries and 26,186 scheduled surgeries.

Since June 8, health authorities have collectively completed more surgeries per week than the pre-COVID-19 weekly average.

### Surgical Volumes as Compared to 2019/20\*

Health Authority	Total Surgeries 2019/20	Total Surgeries 2020/21	% of Previous Surgical Volumes
Fraser Health	10,177	9,208	90.5%
Interior Health	6,488	6,183	95.3%
Island Health	7,356	7,838	106.6%
Northern Health	2,059	1,813	88.1%
PHSA	1,253	1,129	90.1%
Vancouver Coastal Health	9,735	7,552	77.6%
<b>B.C. TOTAL</b>	<b>37,068</b>	<b>33,723</b>	<b>91.0%</b>

\* Period from May 18 to June 25 (2019/20 compared to 2020/21).

## Increasing Essential Personnel

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The surgical renewal commitment to increase surgeries and capacity requires health authorities have the necessary health-care workers to deliver and sustain renewal in the months and years to come.

Work is occurring across regulatory colleges, Health Match BC, health authorities, and post-secondary institutions to increase the health-care providers essential to patients and their surgical needs.

### Training

As surgical capacity continues to increase over the summer and early fall 2020, we will also see training and staffing for surgical professions increase. Planning is underway for this.

Between April 1 and June 27, 2020, 28 registered nurses have already completed their perioperative training and 23 more have begun their training. We will continue to report out progress on the training of perioperative nurses and medical device reprocessing staff.

### Recruitment

As an early action to support the surgical renewal plan, Health Match BC has been contracted to provide recruitment support for anesthesia, surgical nurses and select allied health professions needed to support the plan. Government has identified \$815,000 to assist this work over the next year.

One of the areas that is most challenging from a workforce perspective is the need for securing anesthesiology personnel. There are currently 60 vacancies for anesthesiologists across the province (48 anesthesiologist and 12 general practitioner anesthesia).

As one of several strategies focusing on anesthesia, Health Match BC launched a renewed recruitment campaign in June.

Anesthesia recruitment across the province has been positive, with 29 anesthesiologists recruited to positions across the province since April 1, 2020. Health Match BC is also supporting 64 candidates through the various stages of the recruitment process. This renewed focus will support further positive gains in anesthesia.

Recruitment efforts have also resulted in the hiring of 111 perioperative registered nurses, six perioperative licensed practical nurses, 60 post-anesthetic recovery registered nurses and 35 medical device reprocessing technicians since April 1, 2020.

## Hard Work Ahead

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Much work has been done to fulfill the surgical renewal commitment and, like our efforts with COVID-19, we must continue to be all-in. We have all had to make changes as a result of COVID-19 – from working at home, to teaching our children or having to limit our interactions with loved ones. COVID-19 has required change from us all. To address the challenges that face the surgical system in B.C. and achieve surgical renewal, we will need to continue to change.

There were known areas that required more focus and effort prior to COVID-19. These have been amplified as a result of the pandemic and require a more urgent action now. These include:

- Addressing anesthesia supply challenges;
- Introducing new team-based models of care;
- Improving how everyone across the surgical system manages waitlists; and,
- Implementing new schedules that support extended days and weekends.

In some cases, we will enhance strategies like training and recruitment. In other areas, we will need to accelerate work already in progress. And for others, we will develop a completely new approach. Throughout it all, and to fulfill the commitments of the plan, we will continue to learn and be informed by our experiences.

B.C.'s surgical renewal commitment is a massive and necessary undertaking. Our initial progress is significant and encouraging. We know that in any significant effort, there will be setbacks along the way and challenges that test us. We are fully committed to this plan, to its active implementation and to the improvement it offers patients in need of surgery.

