



**2018-2021 TRANSFORMATIONAL ROADMAP**

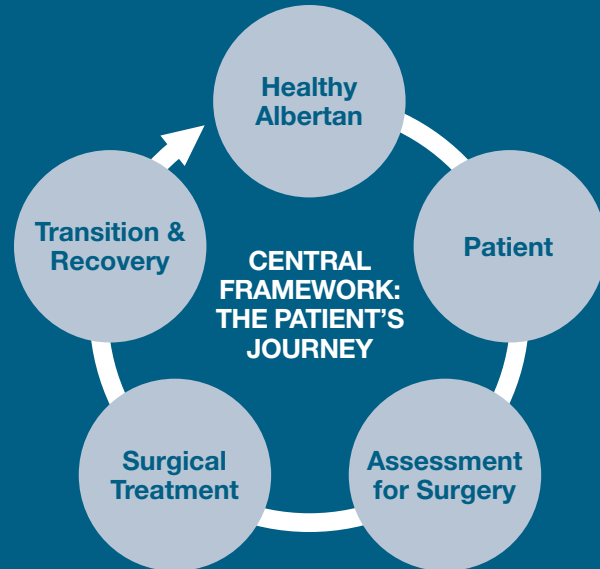
# The Alberta Surgery Plan

# SUMMARY OF The Alberta Surgery Plan



**OUR VISION:**  
Healthy Albertans.  
Healthy Communities.  
Together.

**OUR MISSION:**  
To improve surgical care  
provided to Albertans.



**STRATEGIC OBJECTIVE 1**  
We will improve access  
to integrated surgical care

**Initiatives:**

- Bring together a multi-disciplinary Working Group on Access to Surgical Care
- Publish a health evidence review on the issue of access
- Gather more data on access to surgical care
- Share our findings with patients and the public
- Develop and implement projects to test methods for improving access



**STRATEGIC OBJECTIVE 2**  
We will provide safe,  
high-quality surgical care

**Initiatives:**

- Bring together a multi-disciplinary Working Group on Surgical Safety and Quality
- Increase the use of ERAS and other care pathways
- Increase the implementation of active surgical quality programs such as NSQIP at all hospitals
- Enhance the use of the Safe Surgery Checklist
- Increase the use of patient-reported outcome data



**STRATEGIC OBJECTIVE 3**  
We will build a strong  
surgical community

**Initiatives:**

- Conduct regular SCN visits to each hospital
- Convene an annual Provincial Surgical Forum starting in fall 2018
- Review the operation of our Core Committee
- Develop strategies on engagement and communication and research



**STRATEGIC OBJECTIVE 4**  
We will use analytics and  
evidence to guide decisions

**Initiatives:**

- Bring together a multi-disciplinary Working Group on Surgical Analytics
- Develop a unified surgical data strategy and analytical framework
- Work with AHS Analytics to create a provincial surgical data repository accessible to our community
- Develop the concept of a “surgical scorecard”

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# Welcome

## A Message from Jonathan White & Jill Robert

January 10, 2018

Dear Surgical Community of Alberta,

It is a great pleasure and privilege to present the 2018-2021 Surgery Strategic Clinical Network™ Transformational Roadmap. This document, the Alberta Surgery Plan, represents six months of strategic planning which has included visits to multiple hospitals and consultation with people all over Alberta. The resulting plan will guide all of our work together for the next 3 years.

As a leadership team, we know that Alberta is a great place to be a healthcare provider. Our community is committed to providing high-quality care, and we all want to make things better for our patients. At this time of renewal and preparation, we recognize the innovation and improvement made by those who came before us, and we humbly accept this exciting opportunity to lead our community together into the future.

Although the plan is now complete, the hard work is just starting. It will take many people working together to achieve the ambitious goals laid out in this document. It will be a long road, but we think the effort will be worth it to improve the surgical care we provide to Albertans. Many challenges and exciting opportunities lie ahead of us in the next three years. We look forward to working with all parts of the surgery community to achieve our vision together.

Yours very sincerely,

**Jill Robert RN BScN**  
Senior Provincial Director  
Surgery Strategic Clinical Network™  
Alberta Health Services

**Dr Jonathan White MB PhD FRCS (Gen Surg)**  
Senior Medical Director  
Surgery Strategic Clinical Network™  
Alberta Health Services



*“The Alberta Surgery Plan has the potential to vastly improve surgical services for Albertans across the province. By engaging teams where they are, visiting each site and getting to know the teams at the front line and leadership levels the plan demonstrates leadership in collaboration and development of a strong team with a common focus on delivery of high quality surgical care across the province. “*

**Heather Durstling**  
Executive Director  
Suburban Hospitals Edmonton Zone

## A Message from Garry Laxdal

January 10, 2018

This past year marked an important year for the Surgery SCN. We embarked on creating from the “ground up”, a newly co-designed and co-created Transformational Roadmap (TRM) for the next three years. As part of the TRM transition team, we were asked for input, in all of our designing sessions throughout the summer and fall. What impressed me most was the theme of our TRM, which was “Seeing through the Patient’s Lens”. From our first meeting till our last meeting, there was great input from all participants and all opinions were equally received and noted. Together as a team, we cohesively developed the four key cornerstones of our Alberta Surgery Plan which will in turn be transformed into our guiding TRM.

By putting the Patient First strategy in our TRM, the focus was clear and concise. Once the initial draft was completed, it was then decided to take the draft to Albertans. There was considerable determination and work done to send out the Draft and Survey to thousands of people from all walks of life in our province. With over a thousand responses, we had a resounding response to our proposed TRM and given an overwhelming reaction that we were on the right track. Now, it is up to the Surgery SCN leadership together with Patient Advisors and rest of the Core Committee to set into motion, to bring the roadmap to fruition. Our next steps are to set up working groups on the key cornerstones of the TRM to enact change within our SCN and help Alberta Health Services as an organization.

As a Patient Advisor who has worked with the Surgery SCN for the past 18 months, it has been a breath of fresh air to be actively involved in such an exciting project. By working together as peers, together we can change how surgery is viewed, understood and embraced by all Albertans. We can help alleviate some of the negative criticisms that we often hear in the media. Our surgical teams throughout the province are doing remarkable things often under difficult circumstances and together we can implement change through transparency, increased communication and following the guiding principles of the newly designed TRM.

### **Garry Laxdal**

Surgery Strategic Clinical Network™  
Patient & Family Advisor



*“The Surgery SCN has the opportunity to support and work directly with rural practitioners to enhance access to services and enhance and promote and optimize existing regional surgical programs. There are opportunities for these existing regional programs to relieve some burdens placed on urban centres.”*

### **Scheie Collier**

Clinical Nurse Educator  
High River Hospital

## A Message from Phil Bobawsky

January 10, 2018

In my relatively short career as a Patient Advisor, this is my second opportunity to participate in the development of a Transformational Road Map for a Strategic Clinical Network. The major difference between these two experiences where, one was for the creation of a new Network, while the most recent opportunity for the Surgery SCN was to refresh an existing mature roadmap. In my mind a refresh was more challenging.

What was common in both scenarios was the explicit desire of leadership to have the patient voice embedded in the entire process from research to execution in an equal and collaborative fashion. Having Patient Advisors at Strategic planning and decision making tables is a relatively recent occurrence at Alberta Health Services. I believe it demonstrates the sincere desire for a quantum cultural shift towards patient and family centred care for all Albertans.

As a Core Committee we voted on what we thought our priorities should be by using co-Design tools and then surveyed stakeholders based on our suggestions “are we on the right track?” Over 1,000 respondents overwhelmingly concurred with us. So our challenge now is to get to work, form our teams and deliver tangible results.

### **Phil Bobawsky**

Surgery Strategic Clinical Network™  
Patient & Family Advisor



*“The simple truth is that we can’t provide every surgery that everyone needs at the time they want it. Every Albertan needs to get involved in the debate about how we should allocate the surgical resources we have. It’s too important to be left to health professionals.”*

### **Dr. Saifee Rashiq**

Professor, Department of Anesthesiology & Pain Medicine  
Faculty of Medicine and Dentistry, University of Alberta

# Executive Summary

This document describes the Alberta Surgery Plan, the 2018-2021 transformational roadmap of Alberta Health Services' Surgery Strategic Clinical Network. The roadmap sets out the work that the surgical community of Alberta will focus on for the next three years.

The context for strategic planning of surgical services in Alberta is described, and the role of the Network is detailed, including a description of our current leadership team and recent achievements. The process used to develop the roadmap is described, including the results of an extensive process of community consultation. Our guiding principles and values are described, along with our vision and mission.

We describe “The Patient’s Journey” which is the central framework we will use to explore patient, family and provider experiences, and function of Alberta’s surgical healthcare system.

We identify four key strategic objectives and describe each in detail, including alignment to existing work, strategic initiatives, timelines and metrics of success. These are:



**1. Improving access to integrated surgical care**



**2. Providing safe, high-quality surgical care**



**3. Building a strong surgical community**



**4. Using analytics and evidence to guide decisions**

Lastly, we consider potential strategic risks, setting out next steps for implementation and a plan for future review and renewal.

# Introduction

**In this section, we will set out the context for strategic planning and the role of the Surgery Strategic Clinical Network.**

## The Provincial Context for Planning

Surgical care in Alberta is provided at 55 facilities located in five geographic Zones by Alberta Health Services and our partner organization, Covenant Health. Additional services are provided through 51 contracts with non-hospital surgical facilities across the province. Alberta's population distribution and geography provides a unique set of challenges and opportunities in providing accessible and equitable health services across the province.

In 2016/17, approximately 288,000 surgical procedures were performed in Alberta. These include operations by all of the major surgical specialties. Of this total, around 100,000 surgeries were performed in the Calgary Zone, 100,000 in the Edmonton Zone and almost 100,000 in North, Central and South Zones combined. The province currently possesses around 252 working operating rooms; 238 of these are fully funded. Alberta Health Services spends over one billion dollars per year in providing surgical services excluding physician fees.



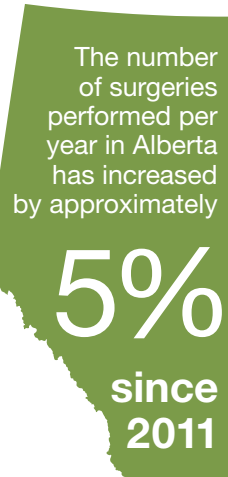
In 2016/17, approximately

# 288,000

surgical procedures were performed in Alberta

Several factors affect the demand for surgical care. According to the 2016 census, Alberta's population was estimated at 4.1 million, an 11% increase in the last 5 years. Labour, supply and technology costs have also increased and continue to impact operating budgets. Aging of our population and advances in surgical care have also resulted in increased demand, increased acuity and increased complexity in the delivery of surgical care.

The number of surgeries performed per year in Alberta has increased by approximately 5% since 2011. All Zones have increased their surgical volumes through improving productivity and efficiency to achieve



All Zones have increased their surgical volumes through improving productivity and efficiency to achieve operating room

**utilization rates exceeding**

# 90%

operating room utilization rates exceeding 90%. There has also been a significant effort made to increase the use of day surgery, to maximize utilization through extending operating room time, and to decant lower acuity cases to rural locations and non-hospital surgical facilities. Despite these advances, demand for surgical care continues to outpace our surgical capacity, and access remains an issue. As of October 2017, more than 65,000 Albertans were waiting for scheduled surgery; almost half of these were waiting longer than medically advised.

As of October 2017, more than

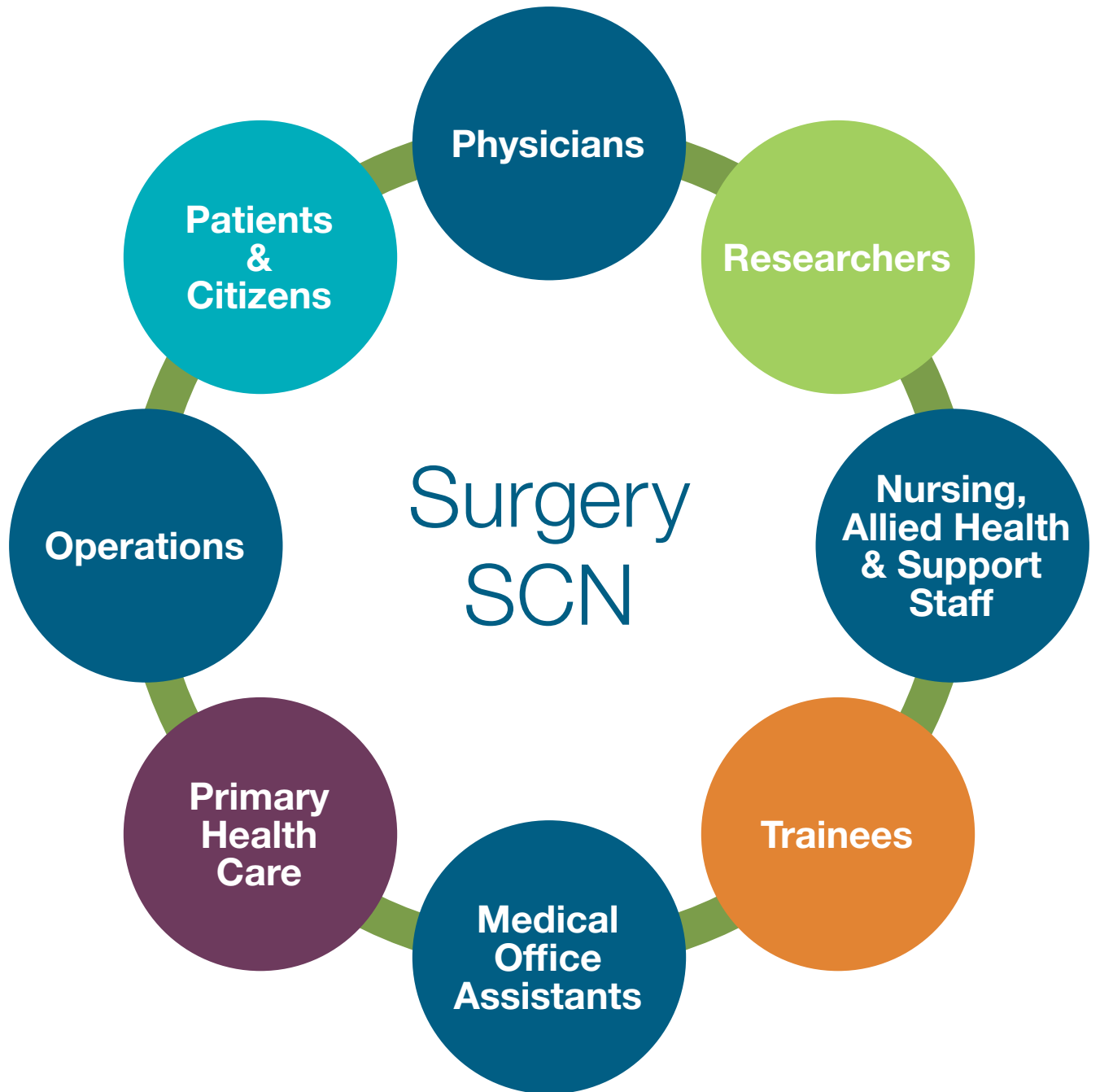
# 65,000

Albertans were waiting for scheduled surgery

Alberta Health Services (AHS) has developed 4 main organizational goals as part of the 2017-20 Health Plan and Business Plan. These plans include several major change initiatives already underway and these must be taken into account in any strategic plan for surgery. These initiatives include the Improving Health Outcomes Together project and implementation of the Connect Care Provincial Clinical Information System in the fall of 2019.



## Our Surgical Community



## The Role of the Surgery Strategic Clinical Network

The mission of AHS is to provide a patient-focused, quality health system that is accessible and sustainable for all Albertans. AHS has developed Strategic Clinical Networks “to support clinicians and all key provincial stakeholders in building the best-performing, publicly funded health system in Canada”. From the AHS website:

*“To get the most out of our health care system, AHS has developed networks of people who are passionate and knowledgeable about specific areas of health, challenging them to find new and innovative ways of delivering care that will provide better quality, better outcomes and better value for every Albertan.”*

As of 2018, there are fifteen SCNs focused on various areas of the health system. We define the Surgery SCN as a community of people who care about how surgical care is delivered in Alberta and want to make it better. This broad community is comprised of patients and citizens, surgeons, anesthesiologists and other physicians engaged in providing surgical services, nursing, allied health and support staff, operational and administrative leaders, medical office assistants, primary care doctors, researchers and trainees. We work with a range of other partners including government, universities, Primary Care Networks, foundations, industry partners, medical colleges and associations and other provincial, national and international organizations.

Integration of both operational and strategic leaders is key to the success of the Surgery SCN. Operational teams are responsible and accountable for the delivery of healthcare services in each Zone, and work strategically with the networks to lead healthcare innovation, improvement and planning. From the Alberta Health Services SCN Primer:

*Operational groups and provincial clinical services participate actively in each network and each network will function within all zones and provincial clinical*

*services. Each SCN is intended to become a vehicle for a wider membership structure, where front-line staff from across care settings, facilities and community groups contribute as members, sit on program committees and participate in working groups. Members will provide input to help generate best practice, and actively participate in the implementation and spread of quality improvements.*

Engaging and empowering Alberta’s surgical community through our Core Committee is also essential to our work. From the SCN Primer:

*The Core Committee is a province-wide team of carefully chosen clinicians, strategy and administrative leads, communities, government, patients and academic partners. This Committee will set priorities, direct plans and stimulate activities of the network and will actively work with identified network members on the front-lines across the province. Patients and communities will be engaged in the SCN as expert groups and be equal SCN members. This will provide grass-roots input to SCN priorities and plans, and provide feedback on progress against objectives.*

It is the role of the Surgery SCN to champion improvement and change at a provincial level, influencing key decision-makers to ensure that innovation is operationalized into practice. We want to be a resource for knowledge, inspiration, innovation, improvement and coordination across the province. We also work with other SCNs on larger change initiatives affecting multiple areas of care.

The Surgery SCN leadership team comprises of a Senior Provincial Director and Senior Medical Director, an Executive Director, Manager, Senior Consultant, Provincial Program Leads and administrative support. Our research activities are carried out by a Scientific Director and Assistant Scientific Director. We also have a number of provincial working groups addressing a range of topics such as policy development. We are a diverse team which brings expertise in multiple areas and strong connections with the operational community.

# Achievements of the Surgery SCN

Since its inception in 2012, the Surgery SCN, in partnership with AHS Zone operations and clinicians, has developed and implemented a number of evidence based innovative initiatives that have improved surgical care in Alberta. These include but are not limited to:

## SAFE SURGERY CHECKLIST

- in use in over 90% of surgeries in Alberta
- helping to avert more than 10,000 potential errors per year

## ENHANCED RECOVERY AFTER SURGERY

- improving care before, during and after surgery
- improving outcomes for patients
- engaging patients and making them part of the care team
- avoiding complications
- reducing length of stay
- improving access to inpatient beds
- saving money – published on economic benefits
- successful Partnership for Research and Innovation in the Health System grant – integrating ERAS research to guide implementation – published on system barriers and enablers to implementation, supported clinicians to co-author 3 international guidelines (Head & Neck Surgery, Breast Reconstruction, Major Gynecology Oncology Surgery)

## ALBERTA CODING ACCESS TARGETS FOR SURGERY

- capturing access metrics on over 93% of scheduled surgery
- helping surgeons optimize case booking
- guiding decisions on funding

## NATIONAL SURGICAL QUALITY IMPROVEMENT PROGRAM

- piloted at 5 sites so far
- building a culture of quality in surgical teams
- improving outcomes for patients
- avoiding complications
- saving money
- Trauma Quality Improvement Program piloted in Calgary and Edmonton

## PROVINCIAL FRAMEWORK FOR NON-HOSPITAL SURGICAL FACILITIES

- framework developed and implemented across AHS, in partnership with operations, the College of Physicians and Surgeons of Alberta, Alberta Dental Association & College and Alberta Health, for consistent quality monitoring and management of surgical care in NHSFs
- met all requirements of the Office of the Auditor General of Alberta

## SURGERY SCN EVIDENCE DECISION SUPPORT PROGRAM

- surgical provincial intake process for evidence review and operational impact assessment of new technologies and procedures. For example:
  - provincial development, standardization and dissemination of preoperative skin preparation policy and procedure suite
  - spearheaded development of requirements for provincial evaluation of robotic surgery
- in-depth evaluation and recommendations for emerging surgical procedures such as osseo-integrated prosthetic limb

## SURGICAL RESEARCH CAPACITY BUILDING

- developed the Surgery SCN Seed Grant Program to provide funding aimed at improved quality of care for surgical patients through health services research and innovation – 15 grants of \$10,000 each have been awarded.

# Development

## Development of the 2018-2021 Transformational Roadmap

**The Transformational Roadmap (TRM) is 3-year strategic plan which defines the direction and activities of a SCN. This section briefly describes the development of this roadmap for the Surgery SCN.**

The development process was initiated in May 2017 when the Surgery SCN leadership team committed to developing a new roadmap by the end of the year. Twenty key informants including surgeons, patients and administrators from all five Zones were invited to a series of three 1-day meetings to review the current state of surgery in Alberta and to discuss areas for improvement. These meetings helped us identify our guiding principles and values, along with a central framework and four key strategic objectives intended to allow us to achieve our vision.

The draft roadmap was presented to and discussed in depth with the Surgery SCN Core Committee in September 2017. Several revisions were suggested with approval to proceed to consultation with the wider community. Following this, an extensive consultation process ensued including a wide range of stakeholders directly involved in Alberta's healthcare system, including patients, citizens, physicians, nurses and allied health, administrators and policy makers. The consultation process included:

- A series of **1-day visits** by the Surgery SCN team to the sixteen largest hospitals in Alberta that complete approximately 90% of the surgeries.

- A short **online survey** conducted for one month, distributed widely through formal and informal networks including to Primary Care Networks and the Alberta Medical Association.
- The development of two **YouTube** videos explaining the roadmap, a 2-minute introduction and a 10-minute detailed explanation.
- The development of a **7-page summary document**.
- Distribution of **postcards about the roadmap**, sent to every hospital in Alberta.
- A series of **focus groups** and **telephone interviews** with key stakeholder groups.
- **Presentation** at the SCN Patient Engagement Reference Group.
- Awareness-raising through **Change Day Alberta**, **AHS Communications** and **The Patient-Provider Summit** at the Royal Alexandra Hospital
- Social media campaign on **Twitter** and **Facebook**.

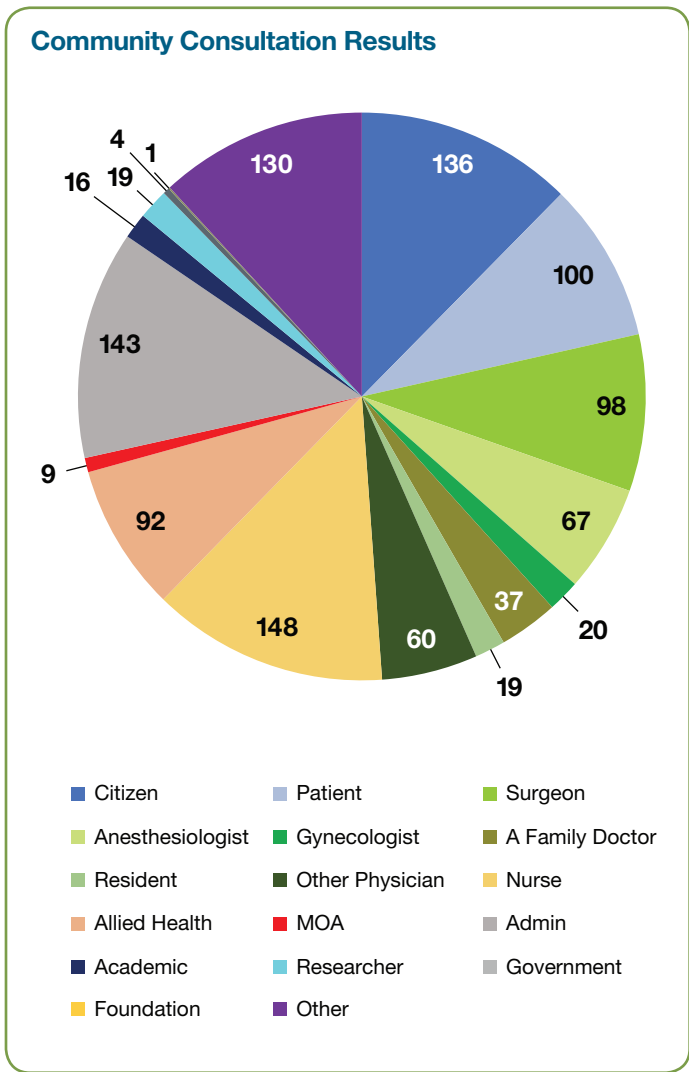
The community consultation was completed in December 2017, engaging over 1500 members of our community with 1,099 people completing the online survey. The following summarizes the survey results:

- 307 physicians, 167 nurses, 152 administrators, 136 citizens, 110 patients and family members, 97 allied health providers, 43 support staff, 40 university and government staff, 10 medical students, 10 AHS Analytics staff, 9 medical office assistants and 27 others. Categorizing these groups into the roles of 'clients' and 'providers' in the healthcare system, we received responses from approximately 817 providers and 246 clients (3.3:1 ratio).



- 43% of respondents were located in the Edmonton Zone (478), 36% in the Calgary Zone (401) and 6-7% in each of the other three Zones (70 North, 78 Central, 71 South).
- The median satisfaction with the plan was 8 on a 10-point scale (962 responses). 844 respondents (88%) expressed satisfaction (6-10), while 118 (12%) indicated dissatisfaction (1-5).
- Respondents were asked to state whether they thought each of the four key strategic objectives was important or not. Between 98% and 100% of respondents rated each of the four objectives as important to them.
- Further feedback was received through a total of 2050 written responses to the open-text survey items.
- Three focus groups were conducted with nine patient and family advisors, six surgeons and five medical office assistants. An additional 12 in-depth interviews were conducted on the telephone and in person with patient and family representatives, physicians and administrators.
- An analysis was conducted on the written responses and on focus group data to identify major themes which were incorporated to refine the plan.

Overall, the community consultation process was successful, and confirmed strong support for the transformational roadmap. The results of this consultation process were reviewed in detail at the December Surgery SCN Core Committee meeting and the final version was presented to Core Committee on January 10, 2018.





**SURGERY STRATEGIC CLINICAL NETWORK**



## The Alberta Surgery Plan

Watch the video:  
<http://tinyurl.com/absurgeryplanintro>

Read the plan:  
<http://tinyurl.com/ABSurgeryplansummary>

Tell us what you think:  
<http://tinyurl.com/albertasurgeryplan>

### Community Consultation - Respondent Location

	TOTAL	PERCENT
THE NORTH ZONE	70	6%
THE EDMONTON ZONE	478	43%
THE CENTRAL ZONE	78	7%
THE CALGARY ZONE	401	36%
THE SOUTH ZONE	71	6%
OUTSIDE ALBERTA	1	0%
<b>TOTAL RESPONDENTS</b>	<b>1099</b>	

# Our Guiding Principles and Values

**The Surgery SCN is a community of people who care about how surgical care is delivered in Alberta. This community is composed of patients and citizens, physicians and their assistants, nurses and allied health, administrators, primary care doctors, researchers and others.**

The Surgery SCN is committed to the Core Values of Alberta Health Services: Compassion, Accountability, Respect, Excellence and Safety. In addition to these values, the following principles guide our work:

- **Improvement:** our work is focused on improving the way surgical care is delivered in Alberta.
- **Collaboration:** our success depends on building strong relationships and sharing expertise, resources and skills across the province.
- **Communication:** clear two-way communication with our community is essential.

- **Trust:** we commit to being honest, transparent and accountable in everything we do.

During the strategic planning process, we identified additional principles which will be especially relevant to our work over the next 3 years:

- The **experience of patients and families** is at the heart of our work.
- The focus of our work is **provincial**.
- We will employ a **systems-based approach**, examining how our surgical system works and how it integrates with other parts of the system.
- **Data and evidence** are integral to our work: telling us how we're doing, and guiding what we should work on.
- **Close integration of frontline providers and strategic and operational leadership teams** is essential to achieving sustained improvement in the system.



*“We need to understand patient experience better, we need to give patients the opportunity to make suggestions or try implementing things that will make things better. We often ask about their experience, but we seldom ask about solutions. And if we get patients designing policy, procedure, and methodologies from the very beginning, we will have a much more patient focused pathway for surgery.”*

**Phil Bobawsky**

Patient and Family Advisor

Surgery and Emergency Strategic Clinical Networks Core Committees

# The Surgery SCN 2018-2021 Transformational Roadmap

## The Alberta Surgery Plan

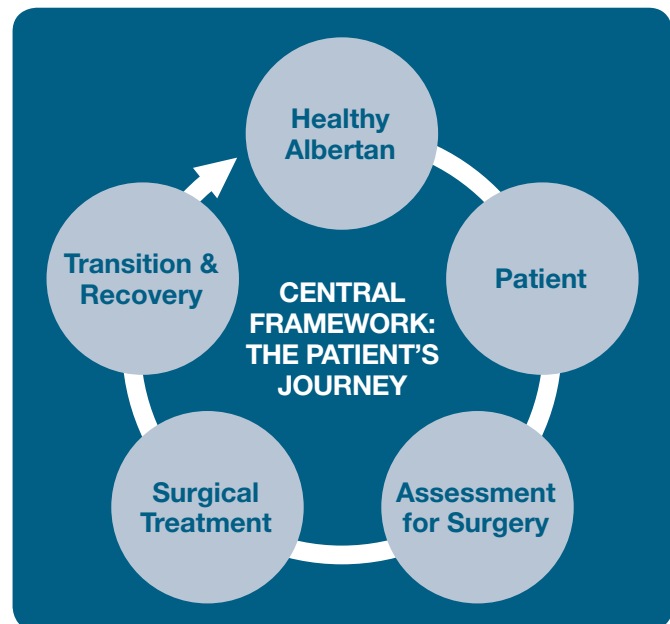
**OUR VISION:**  
**Healthy Albertans. Healthy  
 Communities. Together.**

**OUR MISSION:**  
**To improve surgical care  
 provided to Albertans.**

### Central Framework: The Patient's Journey

The experience of a patient undergoing surgery (“The Patient’s Journey”) is central to our work and guides all aspects of the TRM. The framework shows the surgical system as a sequence of steps which are related to each other, allowing us to consider how the system works and integrates with other systems. It is used to consider a number of issues:

- **Patient and family experience:** What is it like to be a patient traveling on this journey? What is it like to be a member of their family?
- **Provider experience:** What is it like to be a provider working in the system?
- **Integration:** How are the parts of the surgical system integrated with one another and with other parts of the system such as Family Medicine?
- **Access:** How does the system handle issues of surgical capacity and demand? How do patients move from one part of the system to another, and how long does it take?
- **Safety and quality:** How can we ensure that surgical treatment is as safe and high-quality as possible?
- **Analytics:** Each part of the system can be quantified in terms of number of patients, time, process and outcome of surgery, and other metrics.



*“Patient centered care and its principles should be incorporated into the residency program and medical school from Day 1. The conversation around patient-centered care needs to happen more.”*

**Tracy Berryman**

Medical Office Assistant  
 Royal Alexandra Hospital

# Key Strategic Objectives

The Surgery SCN will work to improve the surgical care provided to Albertans by pursuing four main strategic objectives aligned with Alberta Health Services organizational goals. All four objectives are important, mutually reinforcing and interdependent. We will align our existing work with each of these objectives, and will also align our efforts with major change projects already underway: the Connect Care Provincial Clinical Information System and Improving Health Outcomes Together. In the following sections, we will explain each objective in detail.



## 1. Improving access to integrated surgical care



## 2. Providing safe, high-quality surgical care



## 3. Building a strong surgical community



## 4. Using analytics and evidence to guide decisions



### STRATEGIC OBJECTIVE 1: We will improve access to integrated surgical care



### What does this mean?

We believe that a systems-based approach is required to improve how our surgical system works and how it integrates with other parts of the system.

We will explore what it means to provide equitable access to surgical services across Alberta, recognizing that this means we must consider what services are provided, where they are delivered, when and by whom. There are multiple different perspectives of the problem and a lack of shared understanding between patients, providers and funders. We recognize the need to improve access to care in a way which is both affordable and sustainable. We need to improve access for marginalized populations whose needs are often overlooked, and we need to address the impact of out-of-province patients on Albertans' access to care. We also need to recognize the patient's perspective of wait times, which begins from the start of their symptoms, rather than when they first enter the healthcare system.

We are currently using the Alberta Coding Access Targets for Surgery (ACATS) tool to measure access to scheduled surgery, but less work has been done on improving access. We need better data on all aspects



of access to surgery, and we need more information on access to emergency and urgent surgery. We need to integrate our services better with those of Primary Care, and to examine how patients are referred to see a surgeon and how patients transition back to the care of their family doctor after surgery. We also need to provide better information to patients about the access they can expect when they are referred for surgical treatment.

### Existing work which will be aligned with this objective

We will build on the work already done using ACATS that currently collects data on over 90% of the scheduled surgery performed in Alberta, and generates key access measures for the province. The Corridors of Care project has also allowed us to examine rural access to maternity and surgical services. We will also align and integrate our work with eReferral, the Patient Portal, Access Improvement Measures and Path to Care.

### Strategic Initiatives

#### **In January 2018, we will bring together a multi-disciplinary Working Group on Access to Surgical Care which will:**

- Publish a health evidence review on the issue of access to surgical care in Alberta to explore ways we can manage demand and improve access, drawing on work done in Alberta and in other jurisdictions
- Gather more data on access to surgical care in Alberta
- Share our findings through consultation with patients and the public
- Develop and implement projects to test methods for improving access at multiple hospitals

#### **We will also:**

- Add additional Primary Care representation to our SCN Core Committee
- Continue to explore the geography of access through

our work on the Corridors of Care project

- Continue to advocate for unmet surgical need.

### Metrics of Success

#### **By September 2018 we will:**

- Publish a health evidence review on surgical access in Alberta, and start a public conversation about access to surgical care

#### **By January 1, 2021, we will:**

- Provide more information to patients about their own access to surgical care
- Have completed a number of projects on improving access
- Be able to demonstrate improved access to surgical care in Alberta

### Additional Ideas from our Community

- Help patients navigate a complex health system
- Provide patients with more information on their care
- Central intake/triage/booking, streamlined consultation, next available surgeon models, surgical screening
- Access for rural, indigenous, transgender and disabled populations
- Access for patients in the corrections system, children and the elderly
- Run operating rooms 24 hours a day
- Decant work to smaller hospitals, non-hospital surgical facilities
- Rural access, telemedicine
- Access to urgent, emergent and trauma services
- Impact on services associated with surgery: labs, pathology, endoscopy and radiology
- Explore non-surgical care, alternatives to doing surgery

*“Urban and rural [surgical services] can be compared to an apple and an orange. We have some similarities. We also have some differences. Straight across the board comparisons become difficult as in the end we still remain an apple and an orange.”*

#### **Leah Synowec, RN**

Clinical Care Coordinator OR/PARR  
Covenant Health Bonnyville



## STRATEGIC OBJECTIVE 2: We will provide safe, high-quality surgical care



### What does this mean?

Our work is focused on improving the way surgical care is delivered in Alberta.

Providing care which is safe and of high quality is a primary goal of our surgical healthcare system. This means being able to demonstrate a high quality in the process of care delivery and in the outcome of the care provided for patients and populations. We need to examine and refine the care we provide before, during and after surgery. Surgical care must be clinically appropriate, evidence-based, and guided by standardized care pathways, with a minimum of unnecessary variation. As part of our commitment to keeping patients at the heart of our work, we will explore the use of patient-reported outcomes after surgery. We will help providers obtain data on their own outcomes and work with them to identify areas where improvement is needed.

### Existing work which will be aligned with this objective

We will build on the work already done using the National Surgical Quality Improvement Program

(NSQIP), the Safe Surgery Checklist and Enhanced Recovery After Surgery (ERAS) to achieve this strategic objective. We will also align our work with the Health Quality Council of Alberta quality matrix and Improving Health Outcomes Together.

### Strategic Initiatives

**In January 2018, we will bring together a multi-disciplinary Working Group on Surgical Safety and Quality which will:**

- Increase the use of ERAS and other standardized evidence-based care pathways
- Increase the implementation of active surgical quality programs such as NSQIP at all hospitals
- Enhance the use of the Safe Surgery Checklist
- Increase the routine measurement and use of patient-reported outcome data

### Metrics of Success

**By January 2021, we will be able to demonstrate:**

- Increased use of standardized care pathways
- An increased number of sites with active surgical quality programs such as NSQIP
- An increased number of surgeons and sites using outcome data to improve the processes and outcomes of care
- Increased measurement and use of patient-reported data

### Additional Ideas from our Community

- **Before surgery:** pre-rehabilitation while waiting, include anesthesiology and family medicine in preoperative management
- **During surgery:** standardize order sets, connect with the Alberta Pain Network, standardize post-surgical pathways, reduce variation
- **After surgery:** improve follow-up, focus on rehabilitation, involve Primary Care in postoperative care, integrate with home care and nurse practitioners



### STRATEGIC OBJECTIVE 3: We will build a strong surgical community



#### What does this mean?

We believe that our success depends on building strong relationships and sharing expertise, resources and skills across the province. We also believe that clear two-way communication with our community is essential, and we commit to being honest, transparent and accountable in everything we do.

We want Alberta's surgical community to have a strong culture of accountability, improvement and innovation. It is our role to help the community work together to identify and solve problems impacting patient care, and to share and spread best practices across the province. We will begin this work by visiting hospital sites in person, and by bringing our community together at an annual Alberta Surgical Forum.

We want all of our community to be involved and engaged in the work of the SCN, with close integration between frontline providers, operational leadership and the SCN leadership team. Our provincial Core Committee is key to this objective, as it brings the surgical community together on a monthly basis to discuss issues facing us as a province. We will re-examine the structure and

function of this committee to ensure that it is helping us engage and communicate effectively so that we can build the strong, engaged surgical community that we need. We will also develop a formal strategy on engagement and communication to ensure that we continue to engage with our community and the wider public.

The research that we support will be focused on health systems improvement and innovation which translates knowledge to maximize impact on patient care outcomes. We will develop a formal research and innovation strategy that describes how our community will manage innovation from initial idea to evaluation and operationalization.

#### Existing work which will be aligned with this objective

We will build on the work already done through our Core Committee, SCN site visits and the community consultation process involved in designing this roadmap.

#### Strategic Initiatives

##### Starting in January 2018, we will:

- Conduct regular SCN visits to each hospital where surgical care is provided
- Convene an annual Provincial Surgical Forum starting in fall 2018
- Complete a review of the purpose, membership and operation of our Core Committee by June 30, 2018
- Develop a formal strategy on engagement and communication by June 30, 2018
- Develop a formal strategy on research and innovation by June 30, 2018

#### Metrics of Success

##### By January 2021, we will:

- Have met with teams at all of the sites in the province at least once
- Have established the Alberta Surgical Forum as an annual event
- Be able to demonstrate more effective engagement and communication with our community and the wider public.

## Additional Ideas from our Community

- **Shift the culture:** all members of our community must be accountable and work as stewards of the system
- **Build a community of practice:** better relationships between physicians, work together to improve continuity of care
- Engage the whole team, not just doctors and nurses, especially those who cannot attend the forum
- Engage the surgical Sections of the Alberta Medical Association
- Work to break down silos between disciplines, between rural and urban and between different groups with different agendas

- Engage with potentially overlooked groups including but not limited to: families, surgeons beyond the “usual suspects”, surgeons outside the big cities, anesthesiology, gynecology, family medicine and general practice surgeons, diagnostic imaging and interventional radiology, pathology and laboratory medicine, nurse practitioners, allied health providers such as dietitians, speech and language specialists, respiratory therapists, dental hygienists, rehabilitation specialists, physiotherapists, occupational therapists, pharmacists, support staff, facility managers, medical device reprocessing staff, information technology staff



## STRATEGIC OBJECTIVE 4: We will use analytics and evidence to guide decisions



## What does this mean?

We believe that data and evidence are integral to our work, and that we need to provide our community with the information that it needs to drive improvement.

Analytical tools can help us understand how our system is really working, highlighting key areas that we need to work on, and helping us understand if the changes we make are having the impact that we desire. We need to use the complete range of data available to us, including measures of process, access, safety, outcomes, cost and other elements of the system. We also believe it is vital to provide our community with patient-reported data, and providers with information on their own performance. The analytical tools we employ must meet the needs of the various groups in our community, including front-line providers, operational leaders, Alberta Health Services and government. We will use the analytic tools we develop along with the latest national and international evidence to reduce unnecessary variation in care, improve efficiency and maximize value.

## Existing work which will be aligned with this objective

We will build on the work already done across the province using our existing surgical information and

reporting systems, including the analytics and reporting provided by ACATS, NSQIP and ERAS. We will align our work with the AHS 2015-2020 Information Management and Information Technology Strategic Plan and with the implementation of Connect Care.

## Strategic Initiatives

**In January 2018, we will bring together a multi-disciplinary Working Group on Surgical Analytics which will:**

- Develop a unified surgical data strategy and analytical framework including the identification of key analytics for each group in our community
- Work with AHS Analytics to create a provincial surgical data repository which is accessible to our community
- Develop the concept of a “surgical scorecard” which provides surgeons with information on their own practice



## Metrics of Success

**By January 2021, we will:**

- Have created a provincial surgical data repository which is accessible to our community
- Provide surgeons with a “surgical scorecard”

## Additional Ideas from our Community

- Integrate multiple data streams that currently exist, avoid duplication
- Our data process must be of high quality so we can make decisions with confidence
- Patient-reported data should be standardized so it can be interpreted
- Use data to look at clinical appropriateness, proper patient selection, variation in care
- Use cost-benefit analysis to guide decisions
- Data on capacity, efficiency, waste
- Integrate with Connect Care
- Build on Anesthetic and Bone and Joint Hip and Knee scorecard work



*“As a rural GP, many of my patients are very upset after driving 6 hours to/from Edmonton to see their surgeon for a 2-minute appointment, many of which could have been appropriately dealt with by their GP (e.g. staples out, wound check, etc). If surgical services are to become patient-centred, better coordination with other providers is long overdue. Telemedicine, delegation of pre-op/post-op care, and improved communication are some possible solutions.”*

**Dr. Noel Corser**

Family Physician, Hinton Medical Clinic

# Potential Strategic Risks

A number of potential risks were identified during consultation with our community. These are discussed below, along with anticipated strategies for mitigation.

## LARGE, COMPLEX CHANGE

- Some of the initiatives proposed in this roadmap are large and complex.
- Risks associated with scale and spread will be mitigated by the development of detailed implementation plans using the principles of sound project management and implementation science.
- Close partnership with operational leadership in the Zones, with other provincial programs and other SCNs will ensure alignment, integration and sustainability. Strong support from senior leadership will also mitigate this risk.

## CULTURE CHANGE

- Achieving our vision will require gradual but significant culture change in our community.
- This will require a strong and sustained strategy of communication and engagement to break down existing silos across the province, and has the potential to lead to conflict between groups with different goals.
- Visionary leadership must be combined with perseverance and resilience to obtain the change we desire.

## HUMAN RESOURCES

- The Surgery SCN is committing to a significant amount of new work, including supporting the work of three provincial Working Groups, planning a Surgical Forum, reviewing its Core Committee and developing major new policy.
- To address this risk, we will leverage our existing resources and may need to request additional support to complete the work we have set out.
- This may include the secondment of staff from other areas of the organization.
- Further, other major organizational priorities like Connect Care implementation will significantly draw on Zone operational and clinical resources which will potentially impact our ability to deliver timely solutions.

## Next Steps, Review and Refresh

**We will circulate this roadmap to our community and then set out a detailed implementation plan with detailed timelines, accountabilities and deliverables.**

We will report back regularly to our Core Committee on the progress of our work and updates will also be

provided to the community. We will conduct an annual review of our progress, and brief written reports will be provided to the community in January 2019 and January 2020 to communicate what remains to be achieved, and how our plans have changed over time. In September 2020, we will begin a formal process to review and refresh this roadmap for the period 2021-2023.

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Alberta Surgery Road Trip, August 2017 – January 2018



**Rockyview General Hospital, Calgary**



**University of Alberta Hospital, Edmonton**



**Alberta Children's Hospital, Calgary**



**Queen Elizabeth II Hospital, Grande Prairie**



**Medicine Hat Regional Hospital, Medicine Hat**



**Red Deer Regional Hospital, Red Deer**



**Misericordia Community Hospital, Edmonton**



**South Health Campus, Calgary**





**Peter Lougheed Centre, Calgary**



**Chinook Regional Hospital, Lethbridge**



**Northern Lights Regional Health Centre, Fort McMurray**



**Royal Alexandra Hospital, Edmonton**



**Foothills Medical Centre, Calgary**



**Sturgeon Community Hospital, St. Albert**



**Grey Nuns Community Hospital, Edmonton**



**Stollery Children's Hospital, Edmonton**

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*“Many of us are left to suffer on long wait lists while our diseases progress, robbing us of our quality of life and independence. A triage system that takes into account quality of life would go a long way in helping patients who are the most impacted to be seen in a more timely manner.”*

**Pam Lilly**  
Patient



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