
Alberta Surgical Initiative

Presentation to the Specialty Care Alliance

February 23, 2022

Presentation Overview

1. Alberta Surgical Initiative (ASI) strategy overview including:
 - Surgery pre-pandemic overview
 - Overall ASI target, strategies and projects
2. Pandemic impacts
 - COVID-19 surgical service impacts
 - ASI as a framework for recovery
 - Recovery critical dependencies
 - Anesthesia workforce planning
3. ASI Chartered Surgical Facilities (CSF)
 - CSF pandemic mitigation and recovery planning
 - Ophthalmology and Orthopedic RFPs
 - CSF long-term planning
4. ASI Specialty Access Bundle (SAB)
 - Current state and bundle components
 - Engagement: Implementation and Partnership supports
 - SAB service focus and minimum requirements
 - Risks and dependencies
5. ASI overview and wrap up
 - ASI Successes to date
 - Next steps

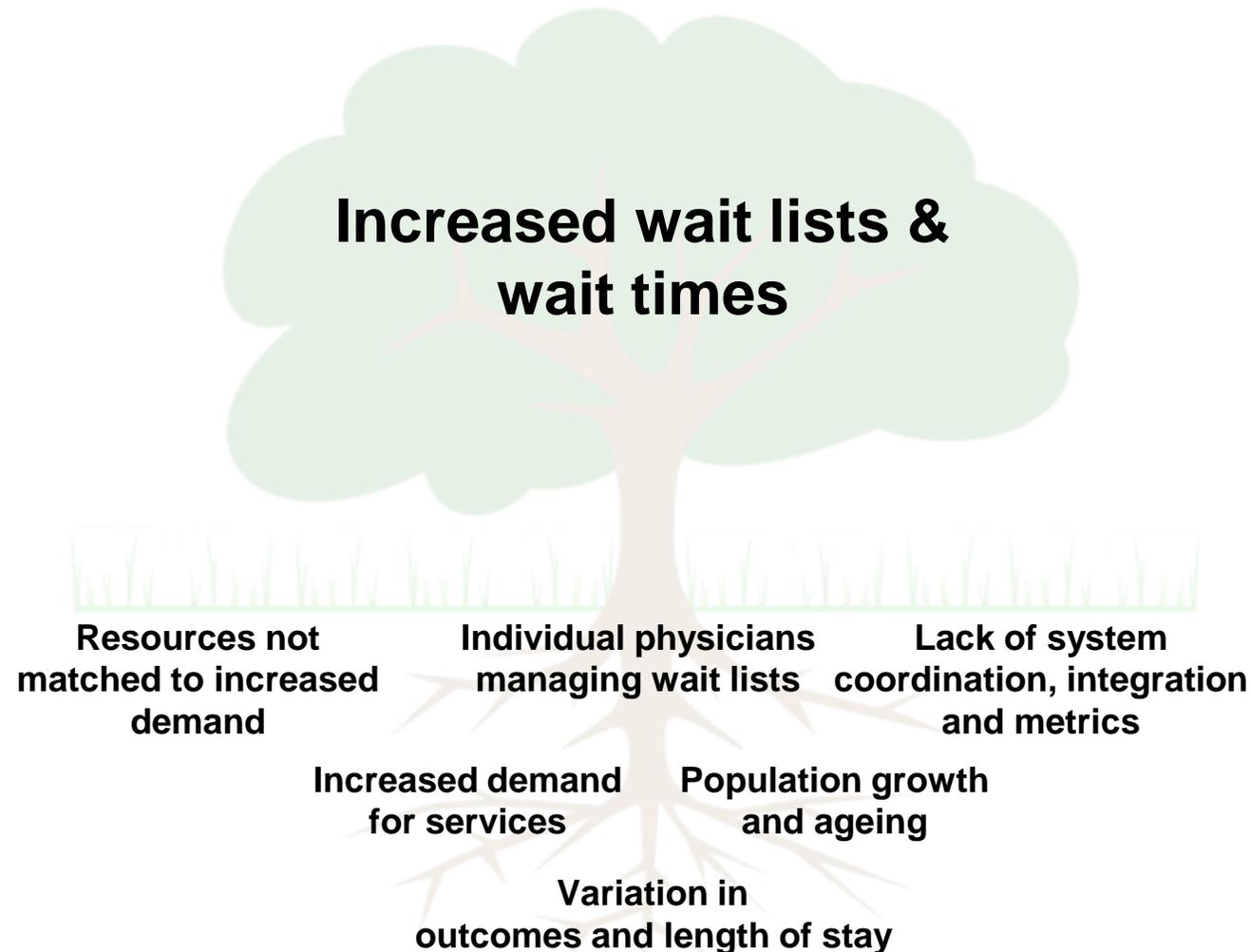
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- Overall ASI target, strategies and projects

Surgery Wait Times: A Global and National Issue

- Increasing surgery wait times have been noted in Canada and several other countries across the globe for the past several years
 - The Organization for Economic Co-Operation and Development (OECD) in a May 2020 publication citing pre COVID surgical wait times notes increases in wait times across most major developed countries in procedures like hip and knee arthroplasty and cataracts ([Waiting Times for Health Services: Next in Line | en | OECD](#)).
- The emergence of the pandemic has only exacerbated an existing health crisis
 - In June 2021, The Canadian Institute of Health (CIHI) noted that 50% of patients who received a joint replacement or cataract surgery during the first 6 months of the pandemic waited longer than recommended.
 - In 2016, 78% of patients across Canada were receiving hip replacements within the national benchmark and this number decreased from 2017 to 2019 pre pandemic. Dramatic decreases noted in the 2020 year in all provinces due to the pandemic ([Explore wait times for priority procedures across Canada | CIHI](#)).

Surgery Wait Times: Root Causes of the Problem



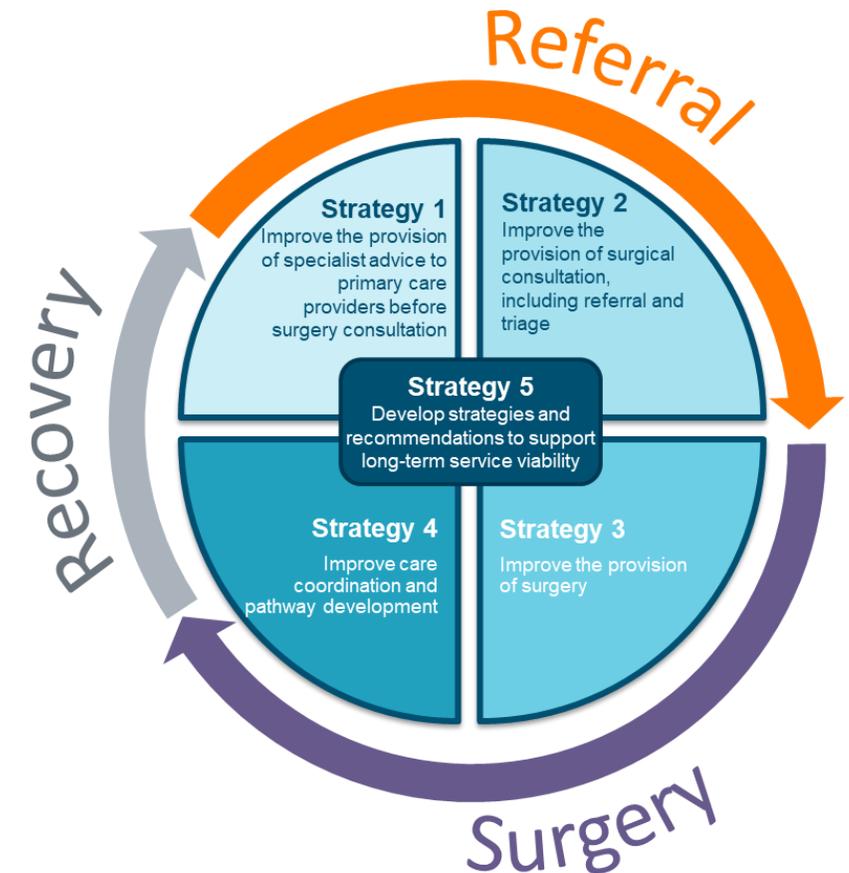
Overview of the Alberta Surgical Initiative (ASI) 2019 Cabinet Commitment

What is ASI?

Target: “All patients will receive their surgery within clinical recommended wait times by 2023.”

Five strategies drafted to meet this target:

1. Improve the provision of specialist advice to primary care physicians.
2. Improve the provision of surgical consultation, including pooled referral and triage.
3. Improve the provision of surgery.
4. Improve care coordination and pathway development.
5. Develop strategies and recommendations to support long-term service viability.



Strategies 1 & 2

Strategy 1: Improve specialist advice to primary care providers before surgery consultation

Strategy 2: Improve provision of surgical consultation; including referral and central triage

The screenshot shows a dashboard for the Alberta Surgical Initiative. A red box highlights the 'Specialty Access' section on the left side of the dashboard. The dashboard contains several columns of data, including 'Specialty Access', 'Surgical Operations', 'Patient Access', 'Surgical Planning', 'Surgical Outcomes', and 'Surgical Quality'. Each column contains various metrics and data points.

Specialty Access
ASI-SA-P1 Specialty Advice Model
ASI-SA-P2 Business Processes and Implementation Supports
ASI-SA-P3 Electronic Referral Solution
ASI-SA-P4 Care Pathways and Patient Resources
ASI-SA-P5 Integration and Coordination of Community Supports Pre- and Post-Surgical Care
ASI-SA-P6 Specialty Access Analytics
ASI-SA-P7 Referral Management Policy

Strategies

- Surgical wait time reduction through shaping demand for surgical consultation
- Central access and intake
- Improved patient and provider experience and satisfaction

Deliverables

- Implement non-urgent telephone & electronic specialty advice (up to 3 specialties)
- Establish consistent provincial Central Access and Triage (CAT) model (focused on 3 specialties initially, with expansion to 14)
- Develop and implement a comprehensive provincial electronic referral solution (ERS)
- Develop at least 10 care and clinical pathways across 6 or more specialties
- Develop and align required data environment

Strategy 3

Strategy 3: Improve the provision of surgery



Strategies

- Reduced clinical variation within surgical groups
- Increased OR capacity and efficiency (reduced turnaround times, enhanced on-time starts and finishes)
- Increased in the number of surgical procedures performed annually
- Increases in physician workforce across surgery including anesthesiology and surgery-adjacent specialties to support surgical demand and capacity growth

Deliverables

- Overall reduction in provincial surgery wait list length to ASI target
- Maximize the utilization of OR capacity by reducing turnaround times and enhancing on-time starts and finishes
- New CSF contracts for new services
- Recruitment plans developed and implemented (physician, clinical workforce)

ACATS Expansion & Wait List Review	Surgical Optimization	Operational Surgical Coordination	Workforce Planning	Capital Infrastructure
ASI-WL-P1	ASI-SO-P1	ASI-OSC-P1	ASI-WP-P1	ASI-CI-P1
ACATS Code Review and Update	Day Case Conversion	OR Suite and Procedure Room Utilization	Strategic Physician Workforce Plan	ASI Capital Management
ASI-WL-P2	ASI-SO-P2	ASI-OSC-P2	ASI-WP-P2	
Wait List Review	Reduction of Clinical Variation (RCV) in Surgery	Chartered Surgical Facility Expansion	Strategic Clinical Workforce Plan	
		ASI-OSC-P3	ASI-WP-P3	
		Standardized OR Booking	AHS Surgery Workforce Education	
		ASI-OSC-P4		
		Operational Activity		
		ASI-OSC-P5		
		Surgical Load Leveling		

Strategy 4

Strategy 4: Improve care coordination and pathway development

The screenshot shows a dashboard for the Alberta Surgical Initiative. It is divided into several columns representing different strategies. A red rectangular box highlights the 'Strategy 4' column, which is titled 'Improve care coordination and pathway development'. The dashboard includes various data points and metrics for each strategy.

Quality Program Clinical
Pathway Implementation

ASI-QPP-P1
Surgical Outcome Improvement

Strategies

- Increased acute care throughput and capacity
- Improved patient outcomes and experience

Deliverables

- Implementation of clinical pathways to reduce clinical variation and enhance patient experience preoperative, intraoperative and post operatively.
- Resources and processes to support a model for virtual surgical care
- Home-based Acute Care policy suite
- Enhanced Recovery After Surgery (ERAS)
- Pathways and resources to support patient transitions in care

Strategy 5

Strategy 5: Develop strategies and recommendations to support long-term service viability

The screenshot shows a dashboard for the Alberta Surgical Initiative. It is divided into five main strategy columns: Strategy 1 (Access, Equity, and Patient Experience), Strategy 2 (Workforce), Strategy 3 (Quality, Safety, and Patient Outcomes), Strategy 4 (Efficiency and Innovation), and Strategy 5 (Sustainability). The Sustainability column is highlighted with a red box. It contains several sub-sections, including 'Sustainability', 'Surgical Services Strategic Plan', and 'Data and Analytics'.

Strategy

- Improved optimization of rural surgical capable facilities
- Greater understanding of population distribution and projected surgical demand to inform a long term sustainable strategy for surgery
- Ensure sustainability, with annualized surgical investment that can continue to address demand for surgical services year over year.

Deliverables

- Utilization of rural Operating Rooms (ORs) to support ASI targets by Zone where possible/feasible
- Development of a provincial 10-year strategic long-range service plan for surgery
- Innovative models to support surgical service delivery

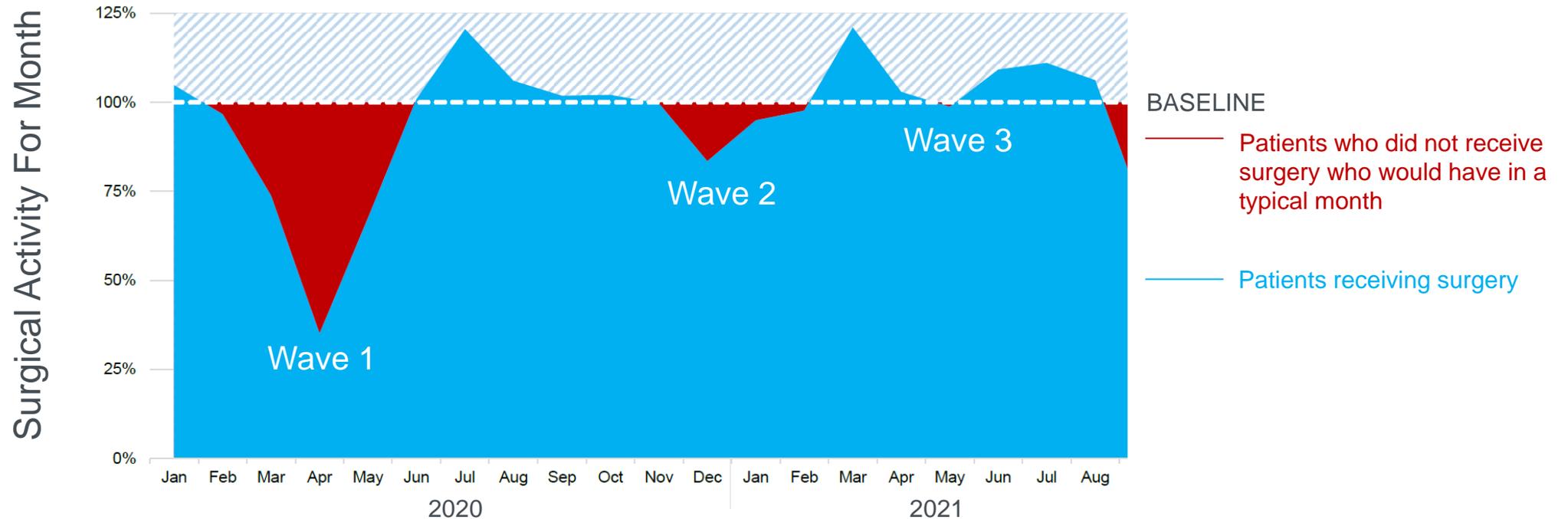
Sustainability
ASI-SU-P1
ASI Rural Surgical Sustainability
ASI-SU-P2
Surgical Services Strategic Plan
ASI-SU-P3
Data and Analytics

2. Pandemic impacts

- COVID-19 surgical service impacts
- ASI as a framework for recovery
- Recovery critical dependencies
- Anesthesia Workforce Planning

Pandemic Impacts: Surgery Activity Reductions

Waves 1, 2 and 3



Wave 1 (Mar - May 2020)

- ~25,000 surgeries delayed
- Service reductions of 60%
- 96% of wave 1 delayed surgeries completed by August 2021

Wave 2 (Oct - Feb 2021)

- ~2,500 surgeries delayed
- Service reductions of 10%
- 80% of wave 1 and 2 delayed surgeries completed by August 2021

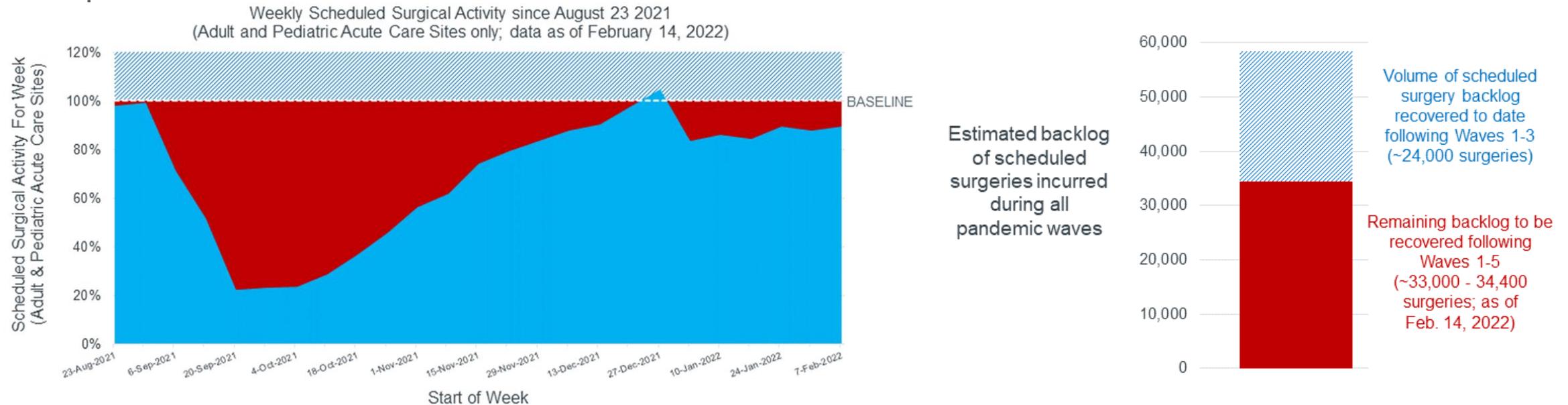
Wave 3 (Apr - May 2021)

- ~2,500 surgeries delayed
- Service reductions of 10%
- 80% of wave 1, 2 and 3 delayed surgeries completed by August 2021

Estimated Backlog due to COVID-19 Pandemic

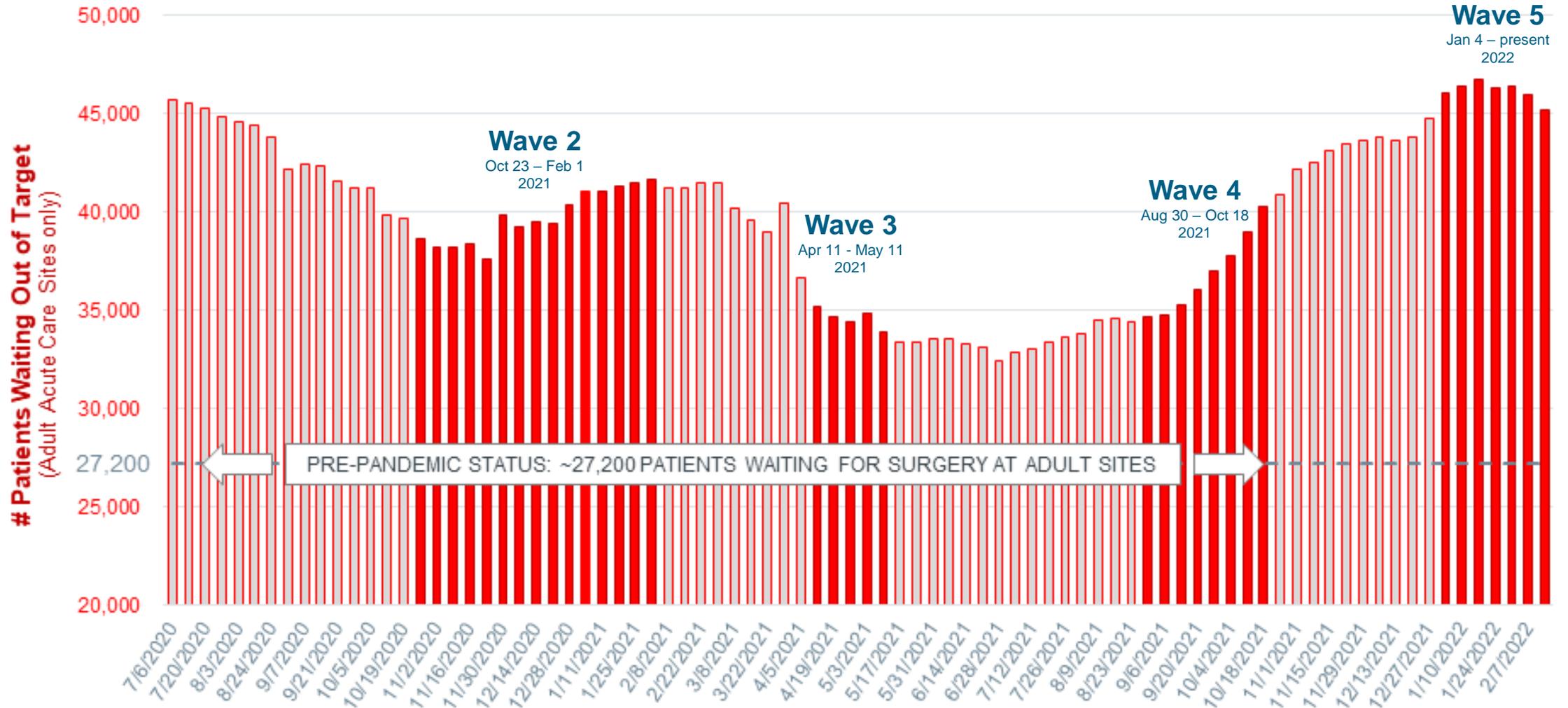
Provincial Scheduled Surgeries in Acute Care Sites (Adult and Pediatric Patients)

- Due to pandemic Waves 1 through 5 (to date), the total backlog of scheduled surgeries is estimated at **~57,000 - 58,400** patients.
- **~24,000** scheduled surgeries recovered by August 2021 from wave 1, 2 and 3
- **~33,000** scheduled surgeries to be recovered in the 22/23 FY as a result of wave 4 and 5 pandemic impact



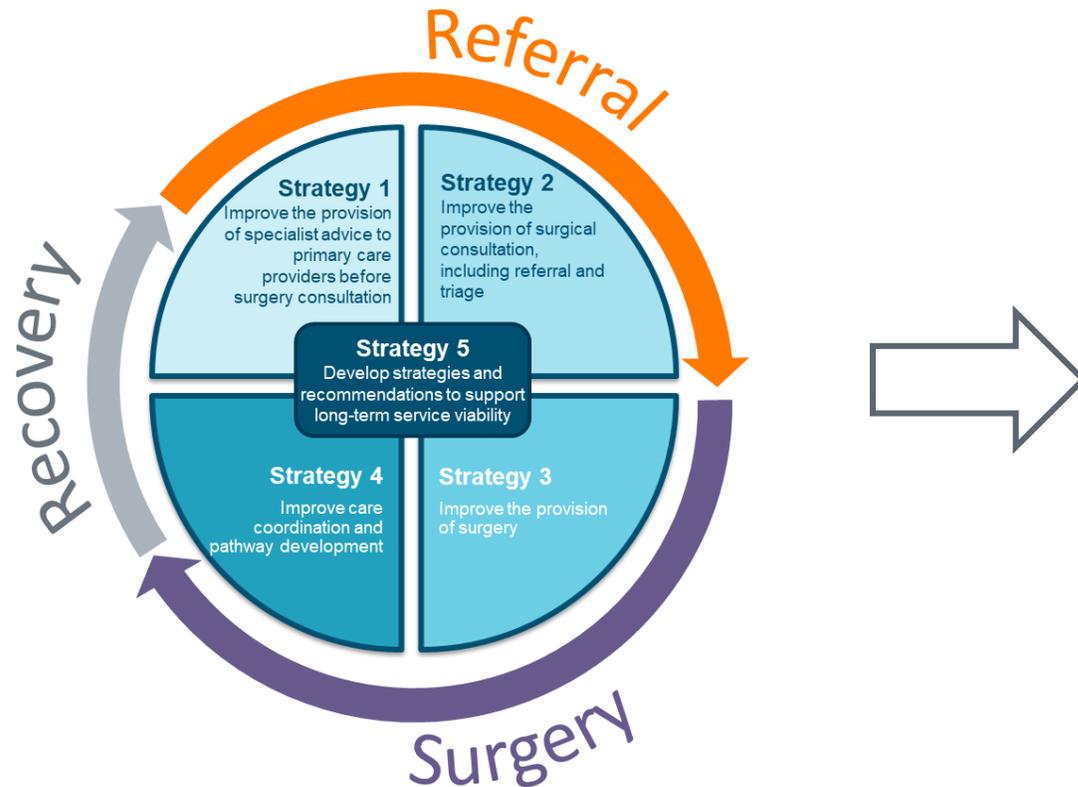
Surgery Patients Waiting Out of Target

Adult Acute Care sites only; July 2020 - Present



(Data source: AHS Provincial Surgery Data & Analytics)

ASI: Framework for Wait Time Reduction & Recovery



ASI Framework utilized to accelerate recovery and reduce surgical wait times including:

- Expanded use of CSFs to support increases in surgical activity.
- Increased surgical capacity through optimization of rural facilities and expanded hours in urban sites.
- Improved wait list measurement and management through provincial analytics and quarterly wait list reviews.
- Improved patient centred quality care through the use of clinical pathways.
- Creating efficiencies through reduction in clinical variation and day case conversion.
- Improved access to specialty care and referral management through central access and intake.

Yearly wait time reduction targets to measure and monitor progress

- *All cataracts within clinically appropriate targets by 2023*
- *Recovery achieved by the end of the 22/23 Fiscal Year*

Surgical Recovery: Critical Dependencies

- Constrained inpatient bed capacity remains a challenge for scheduling targeted case types (e.g. patients who are sickest, waiting longest) that were delayed/postponed during Wave 4 service reductions
- Elevated levels of patient postponements and last-minute rescheduling
- Ongoing staffing challenges in all Zones having impact on overall capacity and surgery recovery (ongoing shortage of anesthesia staff and elevated numbers of surgery staff sick or on isolation)
- Provincial Anesthesia Shortages:
 - AHS anesthesia workforce supply shortages have been identified in several Regional Centres and rural areas
 - The CMO Office convened a provincial Anesthesia Sustainability committee to explore short-, medium-, and long-term strategies to sustain anesthesia services in Red Deer and across Alberta.
 - These initiatives include projects that consider financial incentives, enhancement of anesthesia care teams, and long-term physician supply.

Immediate Actions: Prevent Service Disruptions

- AHS Zones have worked together to contact anesthesiologists in Edmonton and Calgary to promote locum opportunities in Red Deer. Locum shifts are being filled on an ongoing basis to fill gaps in service coverage.
- AHS has contacted all anesthesiologists who have retired within the past 3 years to promote temporary return to practice.
- AHS is offering a shift income guarantee to any anesthesiologist (locum or permanent) working in Red Deer, Fort McMurray, and Cold Lake over the next six months. The aim is to further incentivize anesthesiologists in Edmonton and Calgary to offer locum services while also preventing further attrition of existing anesthesiologists.
- AHS and the College of Physicians & Surgeons of Alberta (CPSA) have collaborated on a prioritization process for scheduling anesthesia Practice Readiness Assessments for IMGs recruited to Red Deer; meaning these physicians can get into independent practice as quickly as possible.

Mid- to Long-term Actions: Sustain Anesthesia Services

- AHS has contracted with Cascadia Physician Recruitment, an external physician recruitment firm, to find AHS 3-5 new anesthesiologists from the UK, South Africa, and the US to practice permanently in Red Deer. One lead has already committed (expected to begin in spring 2022) and several more applicants are currently being interviewed.
- AHS is implementing an Anesthesia Care Team model in Edmonton and Calgary, allowing qualified Respiratory Therapist II to work in cataract clinics under direct supervision from an anesthesiologist. This project will extend the capacity of our existing anesthesia workforce in Calgary and Edmonton. This in turn will:
 - reduce recruitment risk of regional anesthetists to Calgary and Edmonton
 - reduce recruitment competition between regional centres and Calgary and Edmonton
 - increase availability of Calgary and Edmonton anesthesiologists to provide temporary locum support to regional centres

3. ASI Chartered Surgical Facilities (CSF)

- CSF pandemic mitigation and recovery planning
- Ophthalmology and Orthopedic RFPs
- CSF long-term planning

CSFs: Pandemic Mitigation

CSF Pandemic Surgery Mitigation Strategies

- Current CSF Contracts Expanded:
 - All current vendors were surveyed for additional capacity and approved for additional volumes; contract extensions were completed as needed
 - Four new CSF Contracts in Alberta for day surgeries (Calgary and Edmonton):
 - Orthopedics: Alberta Surgical Centres, Weiss and Clearpoint Health Network
 - Ear Nose and Throat (ENT): Plastic and Cosmetic Laser Surgical Centre,
 - Total provincial CSF volume estimated in the 21/22 FY at CSFs: ~54,000
 - Total incremental volume added in the 21/22 FY through pandemic mitigation: ~9,400
-

CSFs: Recovery Planning

CSFs Short-term Recovery Planning (22/23 FY)

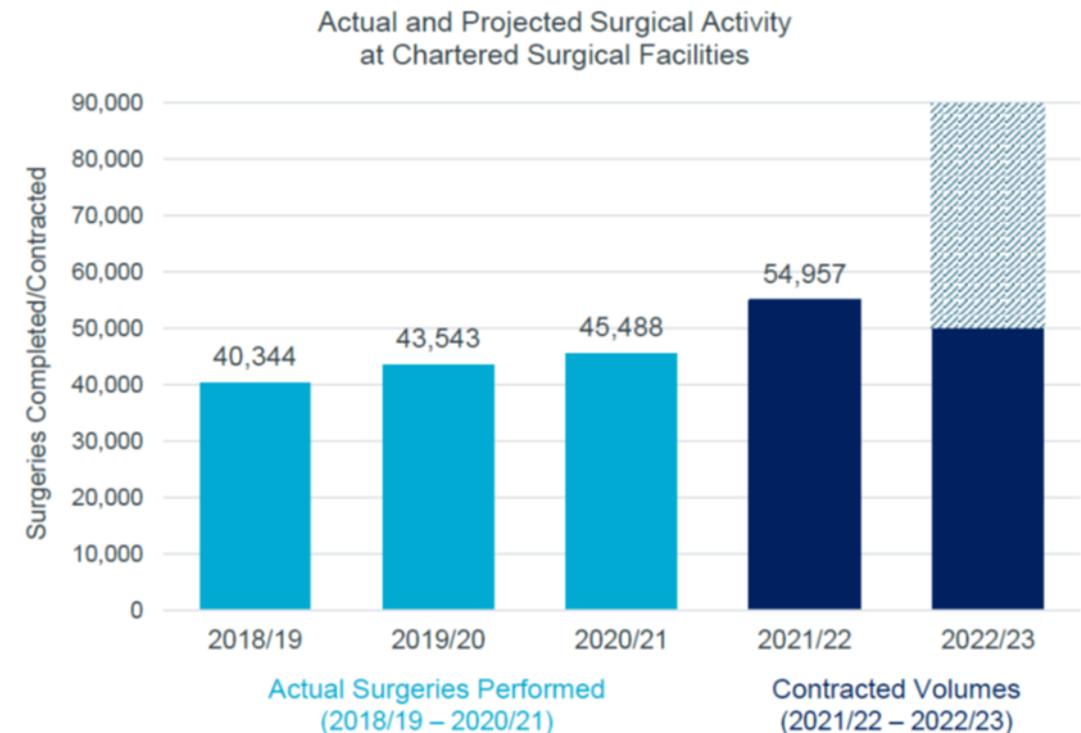
- Calgary and Edmonton and South Zones
 - Short-term volume expansion in existing contracts
 - Short-term new contracts for new procedures with existing vendor
 - Short-term new contracts for new procedures with new vendors
- Continued exploration for new contracts with existing or new vendors for the 22/23 FY in Central Zone and North Zone ongoing
 - Currently limited contracts in Central and North Zone to build off and;
 - CPSA accreditation must be in place to support rapid contract implementation

CSFs: Short-term Recovery Planning (22/23 FY)

Considerations and Next Steps

Next Steps:

- Compare currently contracted procedure types with the waitlisted eligible cases.
- Proceed to negotiate with current contract holders to expand on their current case types and to determine which new case types should go to which provider.
- Facilitate access of current surgeons with long wait list to operate within current CSFs.



ASI Ophthalmology RFP and Contracts

Ophthalmology CSF procurement – Calgary and Edmonton Zones

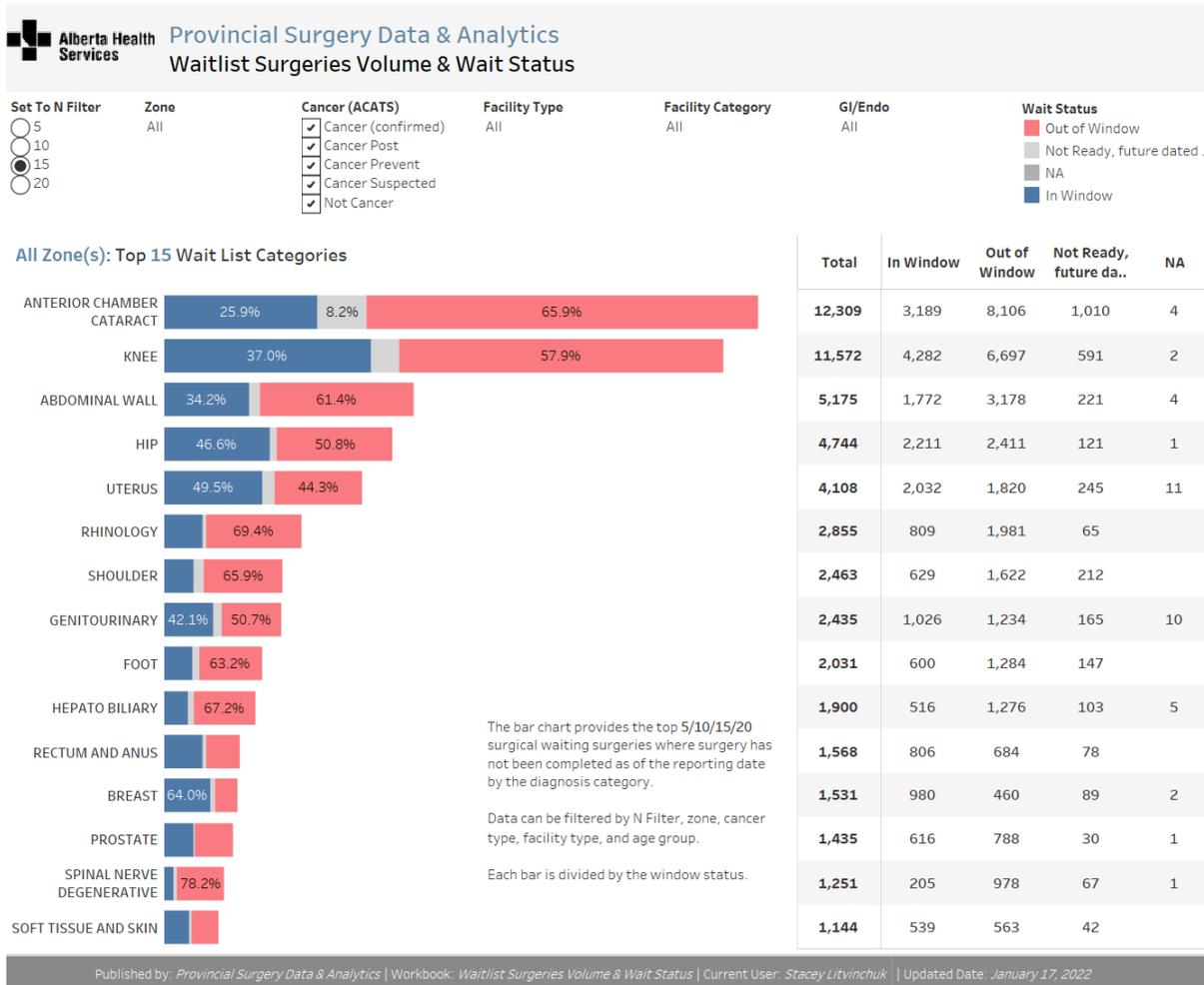
- Negotiations in final stages with successful proponents. Finalizing due diligence on another provider by early next week.
- Service commencement and transition plans in-progress
- Contracts effective April 1, 2022
- Total estimated floor volumes (provincially) for new contracts is 30K provincially for cataract surgery + additional negotiable volume for non-cataract surgery

ASI Orthopedics RFP and Contracts

Orthopedics CSF procurement – Calgary and Edmonton Zones

- Stage 1 technical evaluation closed October 25, 2021
 - Stage 2 collaborative workshops for short-listed vendors commenced January 2022
 - Contracts to be executed in fall 2022 with commencing of services early 2023.
 - Delays due to required vendor new builds and/or vendor infrastructure upgrades (anticipated 12 to 18 months delay in service implementation)
 - In the interim to support surgery recovery short term ortho contracts with new and existing vendors will be drafted and implemented in Calgary and Edmonton
 - Total estimated floor volumes 6K + additional negotiable volume (day surgery and overnight stay procedures)
-

ASI CSFs: Multi Modality Long-term Opportunities and Targets



- Top 15 diagnosis based wait list categories as of January 17, 2022, include:
 - Ophthalmology
 - Orthopedics
 - General surgery
 - Gynecological
 - Urology
- Represent ~33% of the current wait list
- Majority of these cases waiting longer than clinically recommended
- Many of these cases can be safely completed at CSFs
- Opportunity in the 22/23 FY and beyond to shift cases to CSFs in Alberta and support immediate recovery needs and shift acute care case mix (more complex cases done in hospital; lower acuity in community)

4. ASI Specialty Access Bundle (SAB)

- Current state and bundle components
- Engagement: Implementation and Partnership supports
- SAB service focus and minimum requirements
- Risks and dependencies

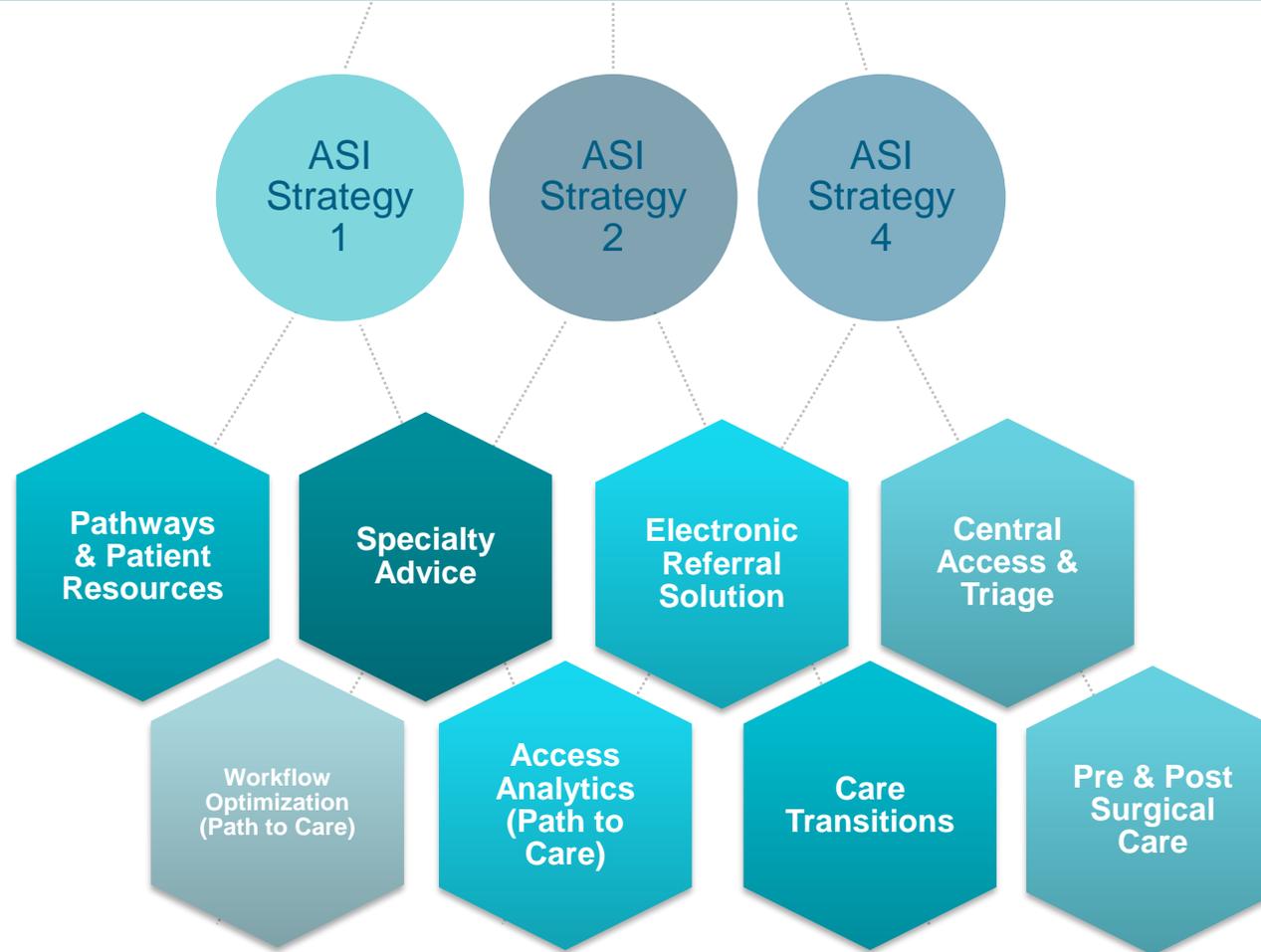
SAB: Current State

- Our current system is inefficient and fragmented. Surgeons and family doctors work in isolation from each other, and patients lack information and choice.
- Everyone would benefit from a safe, coordinated, transparent system of consultation.



Source: Primary Health Care, Alberta Health Services
PHC@albertahealthservices.ca

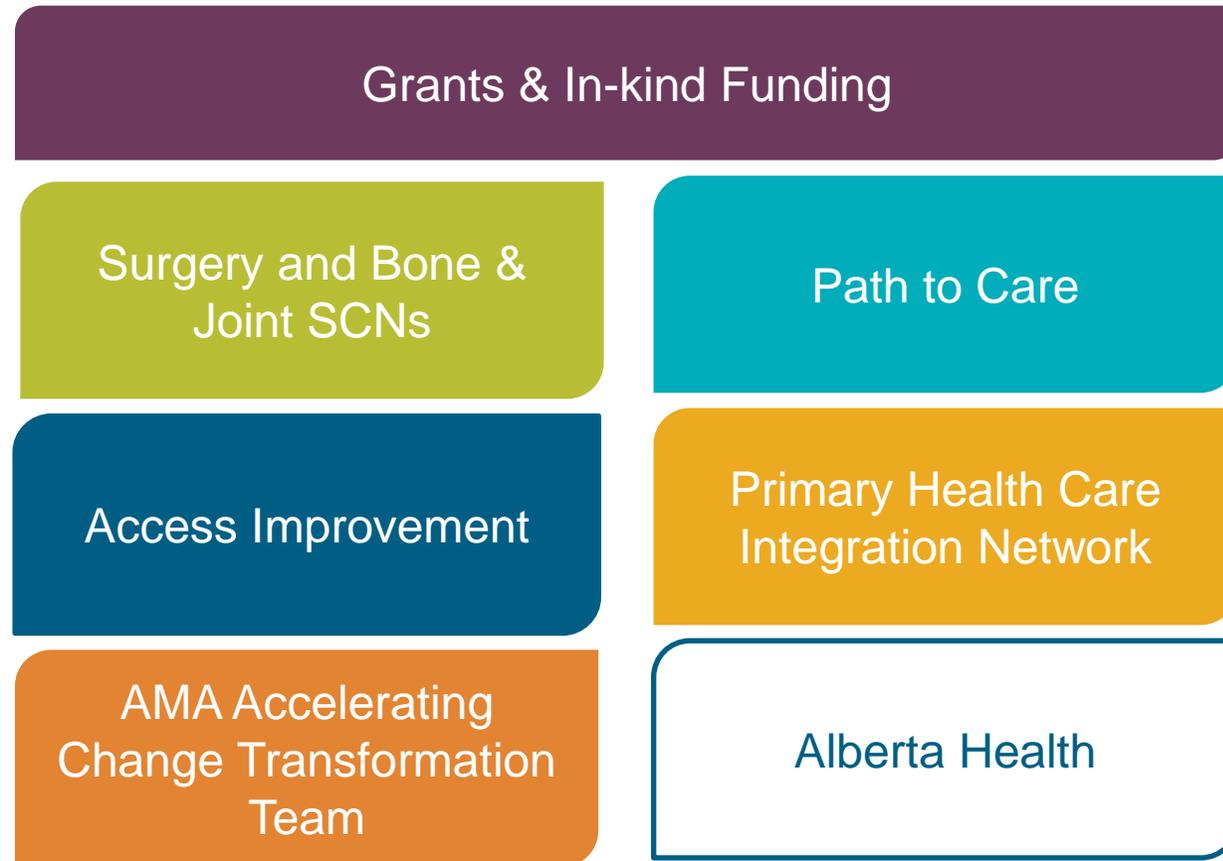
Specialty Access Bundle



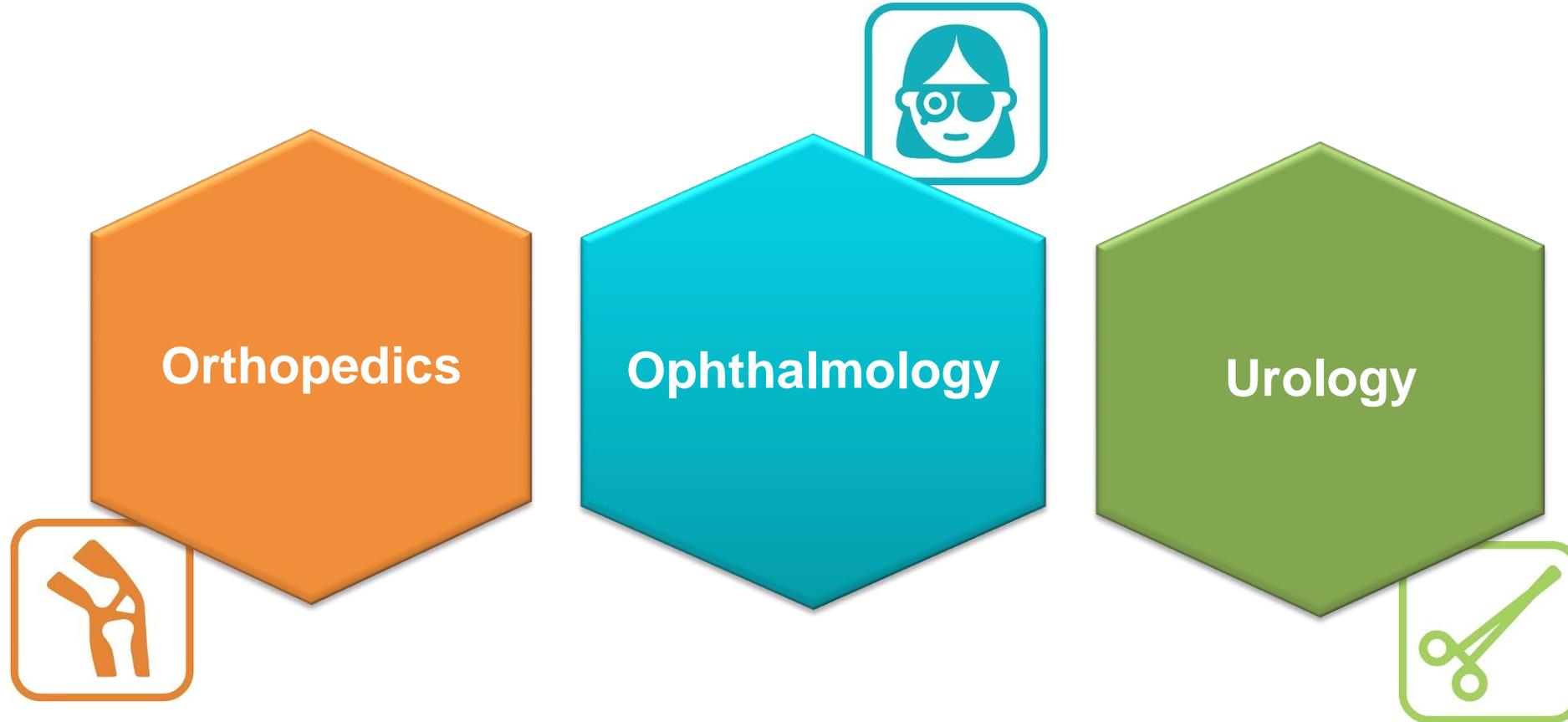
ASI Specialty Access Co-Leads

Project	Business Process & Implementation Supports	Care Pathways	Electronic Referral Solution	Specialty advice model	Integration & coordination of community supports pre- and post-surgical care
Alberta Health	Candy Gregory	Adam Pantelimon	Ryan Gallivan	Adam Pantelimon	Anita Murphy
Alberta Health Services	Jill Robert, Dr. Jonathan White	Tracy Wasylak	Dan Marchand	Dr. Linda Slocombe	Mona Delisle, Elaine Finseth
Primary Care	Dr. Christine deMontigny	Dr. Bill Hnydyk	Dr. Heidi Fell	Dr. Bill Hnydyk	Dr. Brad Bahler

SAB: Implementation & Partnership Supports



SAB: Our Immediate Focus



SAB: Engagement & Implementation Principles



Co-Design
with patients,
referring providers,
specialists, AHS
operations



**Provincial
Standards**
customized and
implemented at the
local level



**Coordinated
Approach**
supported across all
Bundle components

Do Not Distribute

SAB: Minimum Requirements

1. All of this work will be carried out by family physicians, surgical specialists, patients and Alberta Health Services working together to improve access to care in Alberta, sustained by the supportive, collaborative oversight of physician leaders, Alberta Health Services and Alberta Health.
2. Specialist advice will be available for all family doctors to quickly get help in managing surgical problems, both by telephone and in written form.
3. All referrals for surgical consultation will be sent to a single place in each Zone.
4. The requirements for each type of referral will be the same across the province.
5. Triage rules will be agreed upon by the triage team, surgeons and family doctors.
6. Family doctors will have the option to refer to the “next available” surgeon or a named surgeon.
7. All programs will adopt Path to Care standards and leading access practices to improve their referral processes.
8. All programs will use data on consultation to analyze their practice, make better decisions and improve the care they provide for patients.
9. We will develop provincial clinical pathways to guide patient care.
10. We will report our wait times to the public.



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SAB: Draft Sequencing of Surgical Specialties*

	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023
Urology	WG Launch		CAT Launch						
Orthopedics	WG Launch		CAT Launch						
Ophthalmology	WG Launch		CAT Launch						
Gynecology			WG Launch		CAT Launch				
Vascular			WG Launch		CAT Launch				
General Surgery				WG Launch		CAT Launch			
Thoracic				WG Launch		CAT Launch			
Neurosurgery					WG Launch		CAT Launch		
Pediatric					WG Launch		CAT Launch		
Otolaryngology						WG Launch		CAT Launch	
Plastics & Reconstructive						WG Launch		CAT Launch	
Cardiac							WG Launch		CAT Launch
Oral Maxillofacial							WG Launch		CAT Launch
Podiatry (Calgary)							WG Launch		CAT Launch

WG Launch

CAT Launch

**based on calendar year*

SAB: Risks & Dependencies

- Continued impact of COVID-19
- Variation of readiness between Operations, Primary Care and Surgeons
- Change management

5. ASI overview and wrap up

- ASI successes to date
- Next steps

ASI Successes to Date

Increasing centralization of referral and OR booking

- Central access and intake
- Centralized recovery planning and centralized wait list management
- Standardized triage and improved access to specialty care for primary care physicians

Provincial surgical data repository

- Weekly surgery data and analytics and multiple monitoring dashboards

Surgical pathway implementation to improve surgical access and outcomes

- Pre habilitation
- Virtual pre and post operative surgical care

OR optimization through multiple projects aimed at standardizing care and decreasing length of stay

- Reduction in clinical variation
- Day case conversion
- Improved OR utilization through decreasing OR turnaround times
- Rural Optimization
- Capital infrastructure development

Next Steps

- The COVID 19 pandemic has impacted patients and surgery wait times in Alberta
 - The surgery wait list has increased by 20% since pre-pandemic
 - The proportion of patients waiting longer than clinically recommended has increased by 13%
- Wave 4 significantly impacted the provision of surgical services
- Full-service resumption is ongoing, and surgery recovery, including elimination of COVID accumulated backlog, is expected to begin in early 2022
- Once surgery recovery is achieved then additional volumes, as previously planned for ASI, can commence
- ASI surgical strategies have mitigated pandemic impacts across all surgical waves and will aid in surgical recovery
- Planned wait time reductions across all surgical case types is anticipated as recovery continues
- Despite the pandemic, progress on the 5 ASI strategies to reduce wait times and improve the patient journey has continued

Thank you!