

**Peri-operative Improvement Expert Coaching Team Follow Up Report:**  
Niagara Health System  
February 1, 2007

PERI-OPERATIVE IMPROVEMENT FOLLOW-UP REPORT  
NIAGARA HEALTH SYSTEM

**Follow-Up Site Visit**

The follow-up site visit is intended to review the progress that has been made by the perioperative team since the initial site visit in April 2006.

The follow-up site visit occurred on, February 1, 2007. The Administrative lead, Pam Bush, and the physician lead, Dr. Don Duvall met at the St. Catherine's General Site with the President and CEO, VP Patient Services, Health Program Director Operative and Perioperative Program, Regional Chief Operative and Perioperative Program, and Regional Chief of Anesthesia participated by phone for a portion of the discussion. Program Analyst, Ontario's Wait Time Strategy participated by phone

The purpose of the visit was to review progress with the action plan; to identify successes of the team; to identify areas of continuing concern or difficulty; to provide additional support for areas of concern, to evaluate how effective the process has been for the perioperative team and to determine if the action plan items have led to quality improvements, increased capacity or throughput.

The perioperative team prepared an updated action plan which was pre-circulated to the coaches. The team was asked to rank each of the action items in terms of their progress using the following scale:

0= tried and failed

1= in the early stages with little to report

2= started on the action item but are struggling (hopeful for success)

3= well on the way and confident of success

4= the action item has been completed successfully

This document formed the basis of the discussion with the coaches during the follow up visit. Various members of the perioperative team led the discussion around the review of the action plan.

**Summary of Findings**

The findings are presented in two parts. Part 1 is the visit summary. It summarizes observations of the follow up visit in terms of team engagement; overall successes; remaining challenges; impact to quality, efficiency and capacity and overall evaluation of the process.

Part 2 are the detailed comments on the action plan (appended to this report). This includes the rating of action items as well as coaches comments on specific action items if required.

**Part 1: Visit Summary**

## PERI-OPERATIVE IMPROVEMENT FOLLOW-UP REPORT NIAGARA HEALTH SYSTEM

**Engagement:** Significant change has occurred in the Niagara Health System since the April 2006 Peri-Operative Improvement Expert Coaching visit. NHS underwent Accreditation in May 2006 and an External Review in November/December 2006. The findings of these three exercises identified and reinforced the same concerns.

The NHS Peri-operative team members and the Leadership team present had a thorough understanding of the Peri-operative issues. The status of the Peri-operative issues were presented to the Coaching team in a document with the most responsible person identified and a status of each issue by month. Since April 2006 the Peri-operative leadership structure has been reviewed and revised as was documented in the Action plan. The change in responsibility and accountability, with the change in team members, have resulted in significant achievements in the opportunities identified in the Niagara Health System Action Plan. Most of the strategies identified in the Niagara Health System Action plan are in progress or have been completed.

### **Overall successes:**

The team has had a number of successes including:

#### **Leadership and Accountability:**

The creation of an Operative/Peri-operative Program structure that will provide governance for the operative and perioperative program. The structure and terms of reference clarify accountability and responsibility for decisions.

Investment in the Peri-operative team membership has resulted in a progressive dynamic, patient focused team. Leadership positions have been added and enhanced to support the opportunities.

Efforts to bring site peri-operative leaders together to work towards shared goals are evident. This will build, and encourage the peri-operative team as well as move the standardization of processes in Niagara Health System forward.

#### **Communication:**

Communication of the Corporate Action Planning has occurred through the access to email and Share Point by members of the peri-operative team. Regular sharing of the CEO update, action plan progress, capital equipment requests and committee minutes via email and Share Point is also occurring.

Investment in Peri-operative leadership positions, CSR, and Clinical Manager OR, resulting in improved communication to those team members who previously shared leaders with very large spans of control.

#### **Scheduling and prioritization of Surgical Cases:**

Access to emergency ophthalmology services after hours has been addressed.

NHS should be commended for developing a process to develop, implement and evaluate policies and procedures corporately. To date fifty policies and procedures have been reviewed and prioritized.

PERI-OPERATIVE IMPROVEMENT FOLLOW-UP REPORT  
NIAGARA HEALTH SYSTEM

**Information Management:**

Resources have been allocated to peri-operative services to support the ORM system, and data management. An ORM systems analyst and ORM Systems nurse will be hired. The ORM vendors have been on site to assist NHS in resolving their data challenges. The availability of useful peri-operative data has resulted from the investment in support for OR data tracking and data reporting. Definitions of quality and efficiency indicators have occurred through the Operating Room Bench Marking Initiative in which Niagara Health System is participating.

**Equipment and Supplies:**

Investment of \$500,000 to support capital purchases has resulted in a reduction in flashing of instrument trays. Process established and initiated to standardize procedure trays, cataract tray standardization complete. Investment in Operating Room purchasing positions (one full time and one part time position created) to support Operating Room supply management, and to monitor direct ordering.

**Flow and Space Issues:**

A steering committee has been established to standardize PAU guidelines, process and practice. Human resource challenges have been addressed resulting in positions being posted to improve efficiency and quality of care, PACU RN and OR purchasing.

**Standards of Practice:**

PACU staffing reviewed and revised as per OPANA standards. Patient Access, Safety and Quality Indicators developed by the team in accordance with the NHS Quality Framework.

**Remaining challenges:**

The team/coaches have identified the following challenges:

**Scheduling and Prioritization of Surgical cases:**

Policies and procedures for the scheduling of elective and urgent cases in development. Strategies to implement new policies and procedures required. Enforcement and consequences of non-compliance needs to be determined and communicated prior to implementation. Implementation of revision of surgical block allocation required. Regular review of OR utilization data is required, with a process of reallocation for underutilization.

PERI-OPERATIVE IMPROVEMENT FOLLOW-UP REPORT  
NIAGARA HEALTH SYSTEM

**Information Management:**

One clinical nurse educator supports the peri-operative services on all campuses; two additional resources are required to support the peri-operative program.

**Quality:**

Definitions of quality and efficiency indicators have been established through the Operating Room Bench Marking Initiative in which Niagara Health System is participating.

The development of Quality indicators and indicator reporting has been initiated by the Peri-operative program.

The investment in additional peri-operative leadership positions (OR and CSR) will increase the quality of care provided and improve staff satisfaction.

The investment in support positions in the Operating room will result in an increase in direct patient care by nurses.

Additional PACU nursing staff have been hired as per the Ontario Peri Anesthesia Nurses Association Standards.

A significant financial investment in Operating Room instruments has resulted in a reduction in the flashing of instrument sets.

The provision of emergency Ophthalmology care after hours at an additional site will result in improved access for patients.

Increase in communication to peri-operative staff through email and Share Point, which will increase staff satisfaction.

**Efficiency/Capacity:**

The following changes to efficiency and capacity were noted:

The Peri-Operative Coaching team visit reinforced the need to have reliable data to assist with decision making.

As a result resources have been invested in the Niagara Health System Operating Room information management system to facilitate the access to reliable data for decision making.

An increase in the CSR supervisory staff and an investment in instruments will improve efficiency by reducing delays.

The standardization of instrument sets will improve efficiency.

The development of policies and procedures related to elective and urgent operating room scheduling will improve efficiency and capacity.

The creation of the Operating room purchasing positions will result in an increase in control of direct purchases, and potentially a reduction in direct order costs.

The standardization of Preadmission processes will increase capacity.

Niagara Health System has increased their capacity to perform waitlist activity. NHS have requested an increase in their waitlist cataract activity to 500 cataracts, and waitlist joints to 280 additional joints.

PERI-OPERATIVE IMPROVEMENT FOLLOW-UP REPORT  
NIAGARA HEALTH SYSTEM

Overall comments on the process:

The perioperative team had the following comments about the coaching experience:

The NHS team found the Peri-operative coaching team visit helped identify peri-operative challenges. The action planning created the impetus for change. Accreditation in May 2006 and an external review in November 2006 reinforced the challenges identified in April 2005 by the Peri-operative coaching team and NHS.

The changes in the NHS leadership structure resulted in delays in implementing the strategies identified in the action plan. The timing of the Peri-operative coaching visit was a challenge given the Accreditation survey that was occurring the following month.

A debrief with the Peri-operative coaching team at 6 months rather than at 9 months would have been helpful in reinforcing the implementation of the strategies.

Part 2 contains more detailed notes on the action plan items and is contained in Appendix 1.

PERI-OPERATIVE IMPROVEMENT FOLLOW-UP REPORT  
NIAGARA HEALTH SYSTEM

Below is a copy of Niagara Health System's Action Plan found within their Peri-operative Improvement Expert Coaching Team report. Two new columns have been appended to this Action Plan, entitled "Hospital's Update", "Hospital's Score and Impact", and "Coaches' Comments".

SPAI Reference	Opportunities	Barriers/Challenges	Strategy	Most Responsible Person/Time Frame	Hospital's Update	Hospital's Score and Impact	Coaches' Comments
Rec. #1: Accountability Framework	<p>Leadership and Accountability</p> <p>Opportunity exists to create a leadership team that will provide governance for the perioperative program.</p> <p>A regional interdisciplinary perioperative team should be created, supported by senior management and given authority and accountability for decisions. Such a structure will provide clarity of roles, reporting needs, and decision making authority. We encourage the development and continuous integration of two way</p>	<p>Current membership of hospital governance structure is insufficient. NHS perioperative team's role not strong enough. Various members of the health care team expressed confusion over decision making processes.</p> <p>Various specialized personnel recognized upcoming and current human resources challenges (e.g. OB/GYN, Anesthesia at SCG, perioperative nurses and CSR aids.)</p> <p>Interdisciplinary input into decision making not sufficiently</p>	<p>Working template of organization structure provided; keep the daily decision making at a site level; Develop standardized Terms of Reference for site perioperative committees, with clear roles and responsibilities allowing for autonomy and authority over decision making. Each site's perioperative committee should include a chief of anaesthesia, chief of surgery, clinical manager and clinical supervisor.</p>	<p>Completed And approved at each site</p>	<p>Terms of Reference for Executive and site Committees</p>	<p>Score 4</p>	<p>Significant change has occurred in the leadership team membership, resulting in a dynamic focused perioperative team.</p> <p>The NHS team advised that fewer patient cancellations are occurring due to the changes in accountability and responsibility for day to day decision making.</p> <p>Investment in</p>

PERI-OPERATIVE IMPROVEMENT FOLLOW-UP REPORT  
 NIAGARA HEALTH SYSTEM

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	<p>communication, from clinical staff to senior management and vice versa.                      Collaborative transparent decision making should be implemented.</p>	<p>transparent. There appears to be no feedback loops with proposals made by professional staff, e.g. no progress reports or reasons are provided for rejection of proposal.</p>		Ongoing	<p>Several management positions Recruited – one outstanding manager currently needed but acting manager is in place until recruitment completed</p>	Score -3	<p>leadership positions as suggested in the action planning contributing to the achievement of the strategies.</p>
	<p>The peri-operative leadership team should carefully consider strategies for recruitment and retention of human health resources.</p>	<p>There is an absence of a physician recruitment retention task force to best market the opportunities of the greater Niagara region</p>	<p>Continue to work with NHS Physician Recruiter to maximize opportunities to recruit and retain</p>	<p>11/2006                      12/2006</p>	<p>The Regional Director position became permanent in Dec 2006.                      Recruitment for Vascular and Anaesthesiology is underway and candidates have been identified</p>	<p>Score - 4                      Score - 3</p>	



PERI-OPERATIVE IMPROVEMENT FOLLOW-UP REPORT  
 NIAGARA HEALTH SYSTEM

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	<p><b>Communication</b></p> <p>Communication of the Corporate Action Plan following the amalgamation could be enhanced.</p> <p>Staff expressed desire and enthusiasm to be involved in communication and planning.</p> <p>To manage effective change, senior leadership must on a continual basis provide appropriate messaging about the strategic direction and objectives. Coupled with this, investment in early successes will reinforce progress and</p>	<p>Staff across the Surgical Program are unclear as to the overall direction of program planning in the context of the Corporate Action Plan.</p>	<p>Physicians within the NHS. Lead.</p> <p>Corporate Action Plan will be communicated at all levels.</p> <p>Determine three strategic initiatives and plan an effect "change strategy" to mobilize. Consider establishing a newsletter for perioperative program. Use</p>	<p>Coaching team will advise the CEO of the need to communicate the Corporate Action Plan to NHS; CEO will then continue with dissemination (1-6months)</p> <p>will take strategies and ideas to Operative Perioperative committee to discuss and explore ideas.</p>	<p>Corporate Action Plan roll out completed</p> <p>Access to NHS e-mail accounts Complete and share point access available for updates on a regular basis</p>	<p>Score - 4</p> <p>Score - 4</p>	<p>Communication of the Corporate Action Planning has occurred through the access to email and Share Point by members of the peri-operative team. Regular sharing of the CEO update, action plan progress, capital equipment requests and committee minutes via email and Share Point is also occurring. NHS Leadership plan to audit hit rates on Share Point to</p>

PERI-OPERATIVE IMPROVEMENT FOLLOW-UP REPORT  
 NIAGARA HEALTH SYSTEM

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	build confidence.	Staff members have identified that work is performed in silos; there needs to be integration between these silos, nursing, anaesthesia and leadership. Policies and procedures should be developed to maximize the utilization of peri-operative resources. For the policies that are in place, there seems to be inconsistent adherence to them. There is also a lack of monitoring and consequences. Review inventory processes and explore opportunities decrease i.e.) exchange carts, daily	<p>surgery web page (share point) to communicate in all directions; include summaries of senior management activity.</p> <p>Establish and adhere to meeting free, e-mail free days (to ensure everyone is in their offices) to encourage communication, with the understanding that individuals are in their offices and can be contacted.</p> <p>-Address training needs with Sharepoint for Physicians, Clinical Leadership and nursing, allied Health and other partners</p>		Completed Education session for Regional Sharepoint Overview Capital Equipment and minutes now on line	Score - 4	determine the number of perioperative members who are accessing the information. Investment in Peri-operative leadership positions, CSR, and Clinical Manager OR, resulting in improved communication to those team members who previously shared leaders with very large spans of control.
	Although efforts have been made to approach CSR from a regional perspective, onsite supervision of production and processes are required.				Increases Supervision in CSR 1FTE Completed	Score - 4	
					GNG site OR supply process changed to JIT implemented Sept/06	Score - 3	
					Site Visit Planned to 7/10 to view CSR strategies in Jan 2007	Score - 1	Process established to develop, implement and evaluate policies and procedures.

PERI-OPERATIVE IMPROVEMENT FOLLOW-UP REPORT  
 NIAGARA HEALTH SYSTEM

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		<p>deliveries</p> <p>Review current processes and necessary resources to standardize CSR processes.</p>	<p>Review CSR production processes and determine the level of supervision required.</p> <p>Component of External Review will incorporate identification of current and future processes.</p>		<p>Flashing review completed and processes will be identified to significantly decrease flashing in the OR</p>	<p>Score - 2</p>	<p>Fifty policies and procedures have been reviewed and prioritized by quality and efficiency. Policy and Procedure revision in progress. Policies on cancellation of elective surgical procedures, consent, surgical pause, and surgical site identification are several policies that have been developed since April 06.</p> <p>Investment of \$500,000 to support instrument</p>

PERI-OPERATIVE IMPROVEMENT FOLLOW-UP REPORT  
 NIAGARA HEALTH SYSTEM

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							<p>purchases, which has resulted in a reduction in flashing of instrument trays.</p> <p>Process established and started to standardize procedure trays, cataract tray standardization complete</p> <p>Binder of instrument sets created as a resource for CSR staff. This will to improve the quality of the sets delivered, reduce delays and improve efficiency.</p>

PERI-OPERATIVE IMPROVEMENT FOLLOW-UP REPORT  
 NIAGARA HEALTH SYSTEM

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Rec. #7 & #8	<p><b>Scheduling and Prioritization of Surgical cases</b></p> <p>There is opportunity for the organization to improve the planning of the emergency activity.</p> <p>There is opportunity for the organization to explore allocation for the elective blocks.</p> <p>Regional scheduling and booking policies could be established with the goal of improving efficiencies</p>	<p>There appears to be inconsistent policies and procedures to guide the booking and completion of emergency cases.</p> <p>Patients appear to be waiting extended periods of time for emergency surgery.</p> <p>Emergency capacity does not appear to be available to accommodate patient needs in urgent cases.</p> <p>There is no regionalization of priority cases</p> <p>Allocation of surgical blocks appears to be based on historical</p>	<p>Develop regional coordination policies and guidelines of on-call surgeons.</p> <p>Develop guidelines for emergency booking for regional implementation</p> <p>Plan and review call schedule throughout NHS</p> <p>Explore use of elective blocks and add-ons</p>	<p>Operative Perioperative Committee (1-6 months)</p> <p>Operative Perioperative division chiefs (1-6 months)</p> <p>Surgical Executive Team (1-6 months)</p>	<p>Prioritization policy presented at Oct meeting also part of external review scheduled for Nov 06. New guidelines in the process of being reviewed in accordance to SPAI recommendations</p> <p>Inventory of all elective blocks across the system completed Sept 06</p> <p>Surgical Executive Team currently awaiting results on discussion from external review</p> <p>Site Peri-operative committee attended by OBS</p>	<p>Score - 2</p> <p>Score - 2</p>	<p>Investment in positions to support the Operating Room Information Management system will result in the provision of data required by the perioperative leadership team to support decision making.</p> <p>WTIS data available due to NHS investment, will provide information to assist the perioperative leadership in decision making.</p>



PERI-OPERATIVE IMPROVEMENT FOLLOW-UP REPORT  
 NIAGARA HEALTH SYSTEM

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				held at May 8 <sup>th</sup> retreat Executive Team	accountability agreement for dollars and cannot fund 50% of FTE's	Score - 0	
	All decisions about surgical prioritization of cases must be guided by regional based utilization data.	Policies to guide booking and utilization of OR appear to be unavailable, or if available are not enforced.	Establish a regional process for each site to review its data and allocate blocks accordingly to address the historical practice issues of block assignment.  Define start time and turnover time	Surgical Executive Team	Reviewed with External Review Consultants and awaiting final report	Score - 2	ORC standard definitions being utilized. vendor and newly created IS support positions are cleaning the data as they implement
	A key indicator of operating room efficiencies is first case start. Barriers impacting start times should be explored.				All Policies across the system are	Score - 3	

PERI-OPERATIVE IMPROVEMENT FOLLOW-UP REPORT  
 NIAGARA HEALTH SYSTEM

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	<p>Various members of the surgical team (surgeons and nurses) expressed concern over the lack of support personnel in the Operating Room. I think this comment was related to surgical assistants</p>	<p>Various common policies and procedures appear to be missing, e.g. traffic in the OR.</p> <p>Utilization and efficiency data is not available, although surgical information system is in place.</p> <p>Information technology support for surgical information system is not evident.</p> <p>Accuracy of first cast start is not captured and appears to present challenges on a daily basis.</p>	<p>Determine/define cases that qualify for surgical assistants</p> <p>The entire ORM system is in the process of review</p> <p>The case records and documentation standards are being redefined so that reporting is streamlined and meaningful</p> <p>Education about the accuracy of this documentation has been completed</p>		<p>now collated and in the process of review</p> <p>Postings for dedicated staff members to assist with a total review of the system are currently in place and dedicated staff in IT.</p> <p>Decision Support and Operative perioperative program have been identified</p>	<p>Score - 1</p> <p>Score - 1</p> <p>Score - 2</p>	
	Information						



PERI-OPERATIVE IMPROVEMENT FOLLOW-UP REPORT  
 NIAGARA HEALTH SYSTEM

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	<p><b>Management</b></p> <p>Although a comprehensive electronic OR management system has been implemented, ongoing information management support for the system is unavailable. The development of key performance indicators that are easily accessed will facilitate better management practices throughout the surgical program environment.</p> <p>An opportunity exists to create an effective surgical surveillance program that is communicated to all staff.</p>	<p>Dedicated OR clinical support for surgical information systems is not evident. As a result, management and efficiency reports have not been generated.</p> <p>The role of infection control and surveillance appears to be lacking.</p> <p>Operating Room and CSR staff expressed</p>	<p>Review current system and processes for efficiencies</p> <p>Provide an electronic service</p>	<p>1-18 months</p> <p>Implement a Surveillance system</p>	<p>resources approved and recruitment is underway</p> <p>2 Full time staff members will be hired (OR Systems Nurse and OR Systems Analyst)</p> <p>Data audits are completed and continue</p> <p>Software has been researched for purchase and is in the implementation phase</p>	<p>Score - 3</p> <p>Score - 2</p>	<p>See above</p> <p>Pilot project has been developed linking the lab and the division of orthopaedics to monitor infection rates in joint arthroplasty patients.</p> <p>Investment in clinical educator positions outstanding.</p>

PERI-OPERATIVE IMPROVEMENT FOLLOW-UP REPORT  
 NIAGARA HEALTH SYSTEM

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	Dedicated resources to education and training should be explored.	concern with a lack of up-to-date standards and practice guidelines. Clinical education does not appear to be occurring in an organized fashion. There is insufficient educator support to provide this education.	Benchmark other OR facilities for surgical service education support staff	Additional Education resources required	Requested two additional clinical educators Under review by the Senior team and the External Reviewers	Score - 1	This is a significant risk issue.
	Physical space must be designed to support confidentiality and patient privacy.	At SCG site, patient confidentiality is compromised with the PACU and pre-op holding, where confidential conversations can be overheard by other patients. Budgets currently are not by division		review physical space (1-6 months)	Required and requested for approval in progress 2 FTE's	Impact of (1) resources \$160,000	
					The process of undertaking a complete review of pre op clinics and the issue of privacy and confidentiality will be addressed The Facilities Manager is	Score - 1	A full review of PAU clinics corporately; led by has been completed.

PERI-OPERATIVE IMPROVEMENT FOLLOW-UP REPORT  
 NIAGARA HEALTH SYSTEM

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	<p>Senior management team needs to examine capital investment within the surgical program.</p> <p>Instrument trays conflicts were recurrent concern with the entire perioperative team. This must be a priority issue for perioperative team; quality of patient care is being compromised, and standards are not being met.</p>	<p>This area requires immediate attention and action.</p> <p>Standardization of instrumentation sets is yet to be achieved.</p> <p>Instrument sets contain some instruments which are not used, which creates inefficiencies and promotes the appearance of a lack of instruments.</p> <p>There are no formal processes to acquire or purchase products. There appears to be no formal evaluation</p>	<p>Divisions to undertake to standardize top CMG procedure trays and individually pack those which are seldom used</p> <p>Formal transparent coordinated capital planning process developed</p> <p>Work with Finance to ascertain any potential process outside of the capital list for the foundations</p>	<p>Materials Management / Surgical Program / Division Chiefs (6-12 months)</p> <p>Surgical Team and Finance</p> <p>12-18 months</p>	<p>other top CMG's</p> <p>Capital budget on share point</p> <p>Finance and Health Program Director coordinating meetings for 06/07</p> <p>Surgical Team starting to meet with service groups</p> <p>Working inside the M/c process to standardize</p> <p>Identified the need for 2FTE for OR purchasing Agents – approval for one full time and one temp full time</p>	<p>Score - 4</p> <p>Score - 3</p>	

PERI-OPERATIVE IMPROVEMENT FOLLOW-UP REPORT  
 NIAGARA HEALTH SYSTEM

SPAI Reference	Opportunities	Barriers/Challenges	Strategy	Most Responsible Person/Time Frame	Hospital's Update	Hospital's Score and Impact	Coaches' Comments
	Stocking and inventory of disposable med surge supplies need to be maintained and acquired by most appropriate provider. The professional staff within peroperative services must have support dedicated to this function	process to determine financial impact and efficacy of new products. No coordinated formal trial and evaluation process. There is no inventory control of products in the OR. Basic inventory regularly runs out of stock. Operating room nursing staff is routinely ordering inventory items.	and unbudgeted request forms Work with Material Management and Finance to standardize across the NHS	Surgical Team and CSD 6-9 months	FTE's to begin in January	(1) FTE's \$100,000	
		There appears to be no capital acquisition planning process.	Explore the development of a more sophisticated	OR Managers and SN 6-9 months	With the recruitment of the buyers for the NHS formal evaluations will be managed	Score - 2	
	Action on these	There is no instrument tracking system.	Surgical Team and CSD exploring available methods	OR Managers and SN 6-9 months	Products that are inventoried are well documented And controlled the direct buys are not as controlled and this is the reason why the OR buyers are in place	Score - 3	



PERI-OPERATIVE IMPROVEMENT FOLLOW-UP REPORT  
 NIAGARA HEALTH SYSTEM

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	<p><b>Flow and Space Issues</b>                      There is an opportunity to review the processes surrounding bed management, with the goal of optimizing the surgical bed availability.</p> <p>The creation of comprehensive bed management system may help guide corporate distribution of beds.</p> <p>There is opportunity exists to relocate</p>	<p>A corporate bed management system is not evident. The lack of surgical beds for post operative patients results in challenges on a daily basis</p> <p>Efforts are underway at some sites to respond to this shortage.</p> <p>Procedures that in</p>	<p>Explore the concept of a Closed Surgical Units                      -review occupancy and benchmark acceptable rates.                      Staff were speaking of the issue of constant moving of beds</p> <p>Explore ways of eliminating waits and delays in entering and exiting PACUS</p> <p>Continue with work</p>	<p>and other Program Leadership                      1-6 months</p> <p>DI and Medicine Program Leadership,</p>	<p>Completed bed mapping exercise</p> <p>Initial review- unable to remove Pacemakers from OR                      Will augment service by introducing in WCG - Completed Nov 2006</p>	<p>Score - 2</p> <p>Score - 1</p>	<p>Suggest changing score to 4 as actions completed.</p>

PERI-OPERATIVE IMPROVEMENT FOLLOW-UP REPORT  
 NIAGARA HEALTH SYSTEM

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	various low acuity procedures to alternative facilities outside the surgical suite.	many hospitals are performed outside of OR continue to performed within OR, e.g. pacemakers, endoscopy and cystoscopy.	underway to relocate Pacemakers out of the OR at SCG site Explore discontinuing Endo procedures in Main ORs at the smaller sites Maximize Endo facilities at the OSS/SCG/WCG and GNG	Site Administration at the Smaller Sites 1-6 month	Identified need to standardize Endoscopy Steering Committee formed and Terms of Ref completed	Score - 2	
	The operating rooms in St. Catharine's General Hospital, Welland Hospital and Greater Niagara General Hospital are significantly congested; there is notable lack of	As with many hospitals in Ontario, aging infrastructure has not responded to modern technological needs and space requirements. In adequate storage space and clutter were observed, which are a hazard	Explore the ways of creating an attractive environment to attract Surgical Assistants, 1 <sup>st</sup> RN assistants P. W. to explore  Work with HR to have postings released. Explore	Program and Facilities Development Staff  Division of Surgical Assists 1-3 months	All positions being held have been released-Oct/06		

PERI-OPERATIVE IMPROVEMENT FOLLOW-UP REPORT  
 NIAGARA HEALTH SYSTEM

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	storage space in the OR and insufficient storage space within the surgical suite. Even with the expansion at GNGH, it appears that there may not be adequate space for storage.	and frustration to staff.	staffing skill mix to identify opportunities to transfer non-nursing tasks to existing or newly created support personnel -role for clerical to be reviewed	1-6 months			
	There appears to be a lack of surgical assistants in the OR, which affects safety and quality of care.				Hiring completed Nov 06 For second RR nurse	Score - 4	
	An opportunity exists to standardize CSR processes across the region.	Inconsistent practices in CSR departments exist across the region, for example case carting, decontamination near/within the surgical suite, and ETO. (Continued use of ETO needs to be reassessed.)	Hire an individual for an OR purchasing person (one for each large site, perhaps WCG needs a PT person only-include vacation and sick relief to support supply chain management. As	1-6 months		Score - 4	
	Greater Niagara Health System has an opportunity to explore support personnel within operating room to improve patient				Steering committee on		



PERI-OPERATIVE IMPROVEMENT FOLLOW-UP REPORT  
 NIAGARA HEALTH SYSTEM

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	care and efficiency.	Postings currently on hold due to need for redeployment of staff. Trained staff currently fulfilling this function	above obtain role description from		standardization of pre admit processes developed and working on consistent guidelines and practices	Score - 3	
	An opportunity exists to create a standardized approach to pre-surgical screening.	Professional staff and RNs spend significant amount of time ordering, stocking and maintaining medical surgical supplies.	2 Positions posted and applicants received				
		A standardize approach to pre-surgical screening is not evident; a variety of practices and policies exist.	Pursue the implementation of a standardized approach to pre-admission clinics and anaesthesia assessments			Score - 3	

PERI-OPERATIVE IMPROVEMENT FOLLOW-UP REPORT  
 NIAGARA HEALTH SYSTEM

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	<p><b>Standards of Practice</b></p> <p>There is opportunity for NHS to assess the skill mix in the OR with the intention to increase flexibility and effective use of resources.</p> <p>Standards of practice in the Operating Rooms and in the Post Anesthesia Care Units need to be followed.</p> <p>Quality Indicators for the Surgical/Perioperative Program need to be established and</p>	<p>There is not an adequate number of support staff including perioperative assistants, respiratory therapist and material management technicians. A case cart system is not fully implemented at any of the sites. Nursing staff are pulling the instruments sets, and supplies.</p> <p>Understand that business cases for this are under development</p>	<p>Assess the skill mix within the OR include clinical managers, benchmarking and undertaking an external scan for best practice. Develop business cases for support/clinical staff as appropriate Hire additional staff to meet the OPANA standards as per business cases in development.</p> <p>Optimize the Accreditation Team (rename OR-CQI) to review the</p>	<p>(1-6 months)</p> <p>(1-3 months)</p> <p>(1-6 months)</p>	<p>Completed</p> <p>Draft Indicators developed by team and working within NHS Quality</p>	<p>Score - 4</p> <p>Score - 3</p>	<p>Participating in Safe Health Care Now, ORBC indicators</p>

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	monitored, in particular surgical infection rates.	Standardization of anaesthesia drug carts is not evident. There are limited resources to move forward with standardization of written documentation.	standards, identify gaps, investigate alternatives and bring to the Surgical Leadership team for problem solving/resolution.		Framework		

PERI-OPERATIVE IMPROVEMENT FOLLOW-UP REPORT  
 NIAGARA HEALTH SYSTEM

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Rec. #6: supply chain management	<p><b>Equipment and Supplies</b></p> <p>A revisit to the intensive inventory of instrumentation should be undertaken, with the goal of having adequate instruments and supplies to meet patient care needs.</p>	<p>Even with increasing volumes, there are challenges around distribution of instrument trays within the system leading to frequent instrument conflicts and demand. Perioperative staff is routinely flashing instrument sets to support the activity.</p>	<p>Develop a list of outstanding equipment required to eliminate flashing.</p> <p>Participation in the CSD Best Practice Guideline from PIDAC.</p>	<p>(1-6 month)</p> <p>1-6 months</p>	<p>reviewing current space and in the process of redesigning to ensure confidentiality</p> <p>Financial Plan to purchase equipment Oct 06</p> <p>Surgical Health Program Director taking the lead in this Committee</p> <p>Cataract trays completed – working through</p>	<p>Score - 3</p> <p>Score - 2</p>	<p>The standardization of instructions is in progress for the inpatient and outpatient population.</p> <p>NHS has invested \$500,000 in capital for the perioperative program.</p>



**Niagara Health System  
Private and Confidential**

**Review Name / Subject:**

Peri-operative Improvement Expert Coaching Team Follow Up Report: NHS

**Date:**

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**Date provided to NHS (custody/control):**

Unknown

**Authors:**

Third Parties

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Dr.D.Duvall

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Tracy Fattore

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**Additional Information Required/Notes:**

This document was created after January 2007 and therefore the information is subject to FIPPA application..

Pg No	Wording	Decision	Exemption/Exclusion (section reference)
Entire Report		Not to be released without prior consent of Authors of the report to disclose information – Third party confidential/proprietary information. Should consent not be provided they are to provide written submissions as to why they believe the information should be	Mandatory Exemption (s.17 FIPPA)  Test: <ol style="list-style-type: none"> <li>3<sup>rd</sup> party information – reveal a trade secret or scientific, technical, commercial, financial, or labour relations information</li> <li>Supplied in confidence – the</li> </ol>

