

## Addressing Challenges to Surgical Care

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### Doctors of BC Position

Doctors of BC is drawing attention to the surgical care crisis happening in BC's health care system—which has been exacerbated by the COVID-19 pandemic—and calling for improved efforts to increase access to surgical care. The crisis has been heavily impacted by staffing shortages, which has worsened wait times for patients and increased demands on surgeons, anesthesiologists, perioperative care teams, and other health care providers.

To support improved access to surgical services, Doctors of BC recommends that:

- The Ministry of Health and health authorities meaningfully engage with physicians and members of the perioperative care team to ensure that existing and new surgical plans and guidelines are appropriate for and meet the unique needs of patients, physicians, and care teams at the provincial, regional, and local level.
- The Ministry of Health and health authorities implement strategies targeted at retaining existing health care staff and recruiting new staff to mitigate the increase in health care staff shortages, including targeted recruitment for perioperative nursing.
- Physicians providing surgical care, including perioperative care, be adequately supported with the necessary resources and infrastructure to ensure quality patient care. This includes access to health care staff, beds, critical care space, and other surgical equipment.
- The Ministry of Health and health authorities collaborate with physicians to address regional and local issues and priorities to maximize the right hospital resources for the right patients.
- The Ministry of Health make comprehensive, real time wait-list data and other relevant metrics publicly available for use by patients, researchers, health care stakeholders, and physicians to inform strategies for improving surgical access and evaluating success.

Furthermore, Doctors of BC commits to:

- Supporting provincial, regional, and site level collaboration between the Ministry of Health and surgeons, anesthesiologists, and surgical assistants through facility engagement and regional advocacy.
- Continuing to advocate at the provincial level to address systemic issues in surgical care, such as reducing non-clinical demands that take physicians away from patient care and reduce patient access to care.
- Engaging with physicians and using available data to track challenges physicians are facing in providing surgical care and raising these issues with government and health authorities to improve access to surgery.

### Background

In 2011, Doctors of BC released a policy paper called, *Enhancing Surgical Care in BC: Improving Perioperative Quality, Efficiency, and Access*. (1) In that paper, Doctors of BC proposed that a coordinated initiative to improve the quality and efficiency of, and access to, surgical care needs to be implemented across British Columbia. This policy statement builds on our commitments and recommendations from 2011

and reconfirms Doctors of BC's commitment to increasing surgical access in BC.

Between 2001 and 2018 the number of patients awaiting surgery jumped 54.4%—an increase three times faster than the province's population growth. (2) With an aging population, this number is set to increase further in the coming years. As of August 2022, approximately 82,891 patients are on BC's

surgery waitlists. (3) Many patients have already waited longer than the federal government's benchmark limit of 26 weeks, some have been waiting for surgery for more than a year. (2) Long wait times are associated with increased patient dissatisfaction, delayed access to treatments, poorer clinical outcomes, increased costs, inequality, and patient anxiety. (4)

The lack of timely access to surgical care can be attributed to many factors including physician and health care staff shortages and the lack of available resources and capacity. These issues have been exacerbated by COVID-19, heat domes, wildfires, and other climate related disasters. Doctors of BC recognizes that physicians continue to juggle the competing demands of limited resources, treating COVID-19 patients, and keeping their patients, staff, and themselves safe from COVID-19. They also face backlogs of patients who have gotten sicker while waiting for surgery. (5) To address issues in surgical care and provide better patient care it is essential to work with physicians and members of perioperative care teams at a provincial, regional, and local level on potential solutions.

## Analysis

### Collaborate with Physicians

Doctors of BC recognizes the BC government's efforts to increase access to surgical care, including the Surgical Renewal Strategy. (6) While the measures outlined in the strategy are welcome, surgeons and anesthesiologists have been left out of implementation discussions provincially, and at the regional and local level. The provincial strategy emphasizes increased access to surgery, but the worsening shortage of health care staff has resulted in cancellations and disruptions to surgery, which negatively impacts patients, physicians, and other health care providers. This is due in part because the strategy being implemented across the province does not account for regional and local factors, which limits the

effectiveness of the strategy and the likelihood of actually improving surgical care and access.

An online engagement with physicians reveals that many only hear about surgical care policies after they have been decided and publicly announced. (7) Physicians expressed a strong interest in participating in meetings related to surgical planning and initiatives to ensure clinical perspectives are provided.

Doctors of BC recommends that the Ministry of Health and health authorities work with physicians to adapt the Surgical Renewal Strategy to meet the needs of regional and local patient populations and account for the dramatically varying resources and staff (composition and number) available across different sites. It is also essential to collaborate with other health care providers.

An example of local collaboration between physicians, health authorities, and government is the Surgical Patient Optimization Collaborative (SPOC). SPOC is a prehabilitation program funded through the Specialist Services Committee that assists patients in preparing for surgery. This initiative has improved patients' health, reduced rates of complications, and decreased their length of stay, thus reducing wait times and improving access for other patients. The program also improved provider experience. As well, an economic evaluation of SPOC suggests an annual savings from \$7.1 to \$28.3 million if the model was implemented across more sites. (8) SPOC was accomplished through site-level physician engagement and collaboration between physicians, perioperative care teams and clinical leaders, hospital based operational leaders, health authorities, and the Ministry of Health. As SPOC demonstrates, greater physician engagement in decision-making benefits patients and hospitals through improvement in the quality of care provided. (9) (10)

### Address Staff Shortages

In addition to collaboration, planning for new surgical programs needs to address the shortage of

## FOR FURTHER INFORMATION

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perioperative care team staff available to operate these new programs. Initiatives such as extending OR hours do not necessarily improve access to care if staffing issues are not addressed. Doctors of BC is supportive of the BC Government's commitment to increase essential personnel. (6) However, strategies to mitigate staff shortages should prioritize retaining existing health care staff. This involves working with physicians, nurses, and other health care staff to understand root causes of the shortages. Health care staff shortages, particularly the shortage of specialty trained perioperative Registered Nurses and Licensed Practice Nurses is cited as a major bottleneck in increasing access to surgical services. (7) Physicians also expressed the need to improve practice environments for all those working in the surgical setting, including the treatment of health care staff.

Additionally, physicians experience demands that detract from their clinical time and ultimately add to staff shortages. This includes non-clinical and administrative duties assigned to physicians that occupy an increasing portion of their day and take away valuable time that could be better used to provide direct patient care, such as an ability to take on more surgeries. This issue is discussed in more detail in our policy on physician burdens. (11)

## Provide the Necessary Resources

There is also varying availability of beds, critical care space, and equipment across the province which impedes the ability of physicians to increase surgical services. There needs to be consistent access to these resources for surgeons to meet the volume of patients needing surgical care in BC. Additionally, there needs to be accurate and transparent data released on surgical wait times so patients and health care providers are better informed. Diversity metrics, for instance gender expression, race, Indigeneity, disability, level of education and family income, etc. and site differences should also be included in wait time data.

Physicians share the government's goal of improving surgical care for patients in BC and reducing the current surgery backlog. Involving doctors and members of the perioperative care team in planning and implementation at all levels will improve the effectiveness of the surgical renewal strategy and will ultimately better serve patients. Doctors of BC is committed to supporting greater involvement of and engagement with physicians by offering resources such as relevant data on surgical care and our regional and local connections to physicians. Finally, we commit to being a voice provincially and regionally to advocate for changes that enable physicians to focus on providing high quality care to patients and reducing the barriers that prevent them from doing so.

## References

- 1 Doctors of BC. Enhancing Surgical Care in BC: Improving Perioperative Quality, Efficiency, and Access. [Online] 2011. [https://www.doctorsofbc.ca/sites/default/files/enhancingsurgicalcare\\_web.pdf](https://www.doctorsofbc.ca/sites/default/files/enhancingsurgicalcare_web.pdf)
- 2 British Columbia Anesthesiologists' Society. *Far Too Long, Far Too Many: A discussion paper on B.C.'s worrisome increase in surgical wait-times*. [Online]. 2019. <https://bcanesthesiologists.ca/wp-content/uploads/2019/01/BCAS-Far-too-Long-Far-Too-Many-Discussion-Paper.pdf>
- 3 Government of British Columbia. Surgery Wait Times. [Online] 2022. <https://swt.hlth.gov.bc.ca/swt/ProceduresAtoZ.xhtml#top>.
- 4 *Waiting Time as an Indicator for Health*. McIntyre, D and Chow, C. 2020, The Journal of Health Care Organization, Provision, and Financing, Vol. 57.
- 5 *The Consequences of Delaying Elective Surgery: Surgical Perspective*. Fu, S J, et al. 2, 2020, Annals of Surgery, Vol. 272.
- 6 Government of British Columbia. Ministry of Health. A Commitment to Surgical Renewal in B.C. [Online] 2020. <https://www2.gov.bc.ca/assets/gov/health/conducting-health-research/surgical-renewal-plan.pdf>
- 7 Doctors of BC. *Surgical Care Challenges What We Heard Report*. 2022. [https://www.doctorsofbc.ca/sites/default/files/docsbc\\_what\\_we\\_heard\\_surgical\\_care\\_challenges\\_v1.pdf](https://www.doctorsofbc.ca/sites/default/files/docsbc_what_we_heard_surgical_care_challenges_v1.pdf)
- 8 Specialist Services Committee. Surgical Patient Optimization Collaborative (SPOC). [Online] <https://sscbc.ca/programs-and-initiatives/transform-care-delivery/surgical-patient-optimization-collaborative-spoc>
- 9 Sarto, F and Veronesi, G. Clinical leadership and hospital performance: assessing the evidence base. *BMC Health Services Research*. 2016, Vol. 16.

## FOR FURTHER INFORMATION

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# POLICY STATEMENT

<sup>10</sup> Tasi, M, Keswani, A and Bozic, K. Does physician leadership affect hospital quality, operational efficiency, and financial performance? *Health Care Management Review*. 2019, Vol. 44, 3.

<sup>11</sup> Doctors of BC. Physician Burdens. [Online] 2020.  
<https://www.doctorsofbc.ca/policy-database>

## History

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