

# **How to Build a Stronger Surgical Community**

## ***Lessons Learned in Surgical Engagement***

Dr Jonathan White



# Disclosure

- I have nothing to disclose

A breathtaking landscape photograph of a turquoise lake, likely Moraine Lake in Alberta, Canada. The lake is surrounded by dense evergreen forests and towering, rugged mountains with patches of snow. The sky is bright blue with scattered white clouds. The text "Hello from Alberta" is overlaid in the upper right corner.

Hello from Alberta

	USING DATA TO LEARN AND IMPROVE (Main Room)	PUTTING THE PATIENT AT THE CENTER (Salon C)	ROLLING UP OUR SLEEVES TO IMPROVE SURGERY (Salon F)	SHOWCASING LOCAL SUCCESSES & CHALLENGES (Salon D)
0800 - 0830	Breakfast and Registration			
0830 - 0850	<b>Territorial Welcome &amp; Blessing</b> <i>Musqueam Elder Shane Pointe</i> <b>Opening the Day</b> <i>Andy Hamilton (PSEC Co-Chair)   Marilyn Copes (PSEC Co-Chair)</i>			
0850 - 0935	<b>Plenary</b> <i>Jonathan White &amp; Jill Roberts (Alberta Health Services)</i>			
0935 - 0945	Transition Time			
<b>0945 - 1045</b>	<b>Leveraging Data to Improve Surgical Care:</b> Utilize high impact strategies to analyze and communicate data  <i>Andrew Wray (BCPSQC)</i> <i>Jock Reid (PHC)</i>	<b>Meaningful Patient Engagement:</b> Practice methods for authentically and sustainably engaging patients  <i>Tamara Komuniecki (PVN PP*)</i> <i>Karen Estrin (BCPSQC)</i>	<b>Spread Your Surgical Improvements:</b> Learn how to plan for spread beyond your pilot sites and sub-specialities  <i>Ben Ridout (BCPSQC)</i>	<b>Surgical Pre-Optimization:</b> Examine leading practices in preparing patients for their surgeries  <i>Geoff Schierbeck (SSC)</i> <i>Kelly Mayson (VCH)</i>
1045 - 1115	Networking & Break			
<b>1115 - 1200</b>	<b>NSQIP Unconference Part I:</b> Co-create an agenda of NSQIP topics to discuss, explore and solve with your colleagues  <i>Ben Ridout (BCPSQC)</i>	<b>Cancer Surgery Moving Forward:</b> Review challenges and explore strategies for improving coordination of care  <i>Carl Brown (BC Cancer)</i>	<b>Creating a Culture for Change:</b> Apply strategies that ensure surgical improvements are adopted and sustained  <i>Speaker to be Confirmed</i>	<b>Improving Access to Care:</b> Review central intake and pooled referral practices at Burnaby General  <i>Ralph Belle (FH)</i>

\*Patient Voices Network Patient Partner

1200 - 1245

Lunch Break

1245 - 1315

**Plenary: Measurement System for Physician Quality Improvement**

Ken Hughes (MSPQI)

1315 -1325

Transition Time

1325 - 1425

**NSQIP Unconference Part II:** Continue to explore, discuss, and solve NSQIP topics with your colleagues. Attendance at part I is not required for participation

*Ben Ridout (BCPSQC)*

**Patients as Partners in Pre-Optimization:** Discover methods that help activate patients improve their own outcomes

*Claire Snyman (PVN PP\*)*

**Building Resiliency in a High Demand System:** Assess the latest research in resiliency and learn practical ways to support resiliency in teams

*Allison Muniak (VCH)  
Andy Hamilton (IH)*

**Spreading ERAS Beyond Colorectal Surgery:** Investigate how to expand care paths for quicker recovery

*Tom Wallace (IH)*

1425 - 1440

Break

1440 - 1525

**Engaging Providers with Data:** Learn how to translate NSQIP data into compelling arguments for action

*Lila Gottenbos (FH)*

**Surgical Pain Management in the Age of Opioids:** Discuss strategies for engaging patients in evaluating and managing their surgical pain

*Speaker to be Confirmed*

**Engaging the Disengaged:** Utilize change management tools to expand your support base for surgical improvements

*Colleen Kennedy (BCPSQC)*

**Leveraging Lighthouse Data for Improvement:** Learn how Island Health is using Cerner Lighthouse to improve quality and enhance efficiency

*Norm Peters (Island Health)*

1525 - 1530

Transition Time

1530 - 1615

**Commitments to Action**

1615 - 1625

**SQAN Next Steps**

*Tom Wallace (BCPSQC)*

1625 - 1630

**Closing Remarks**

*Doug Cochrane (BCPSQC)*

*\*Patient Voices Network Patient Partner*



Ministry of Health



Single health authority  
For the last 10 years

Single provincial information system (Epic) starting Nov 2019

56,000 people waiting for surgery



Increasing focus on standardization

Increased funds for cancer surgery

NSQIP at 16 sites  
ERAS spreading

Increasing focus on analytics

[Home](#) > [About AHS](#) > [Strategic Clinical Networks](#)

# Strategic Clinical Networks

## SCNs

Strategic Clinical Networks (SCNs) are creating improvements within focused areas of health care.

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.

# What is the Surgery Strategic Clinical Network?

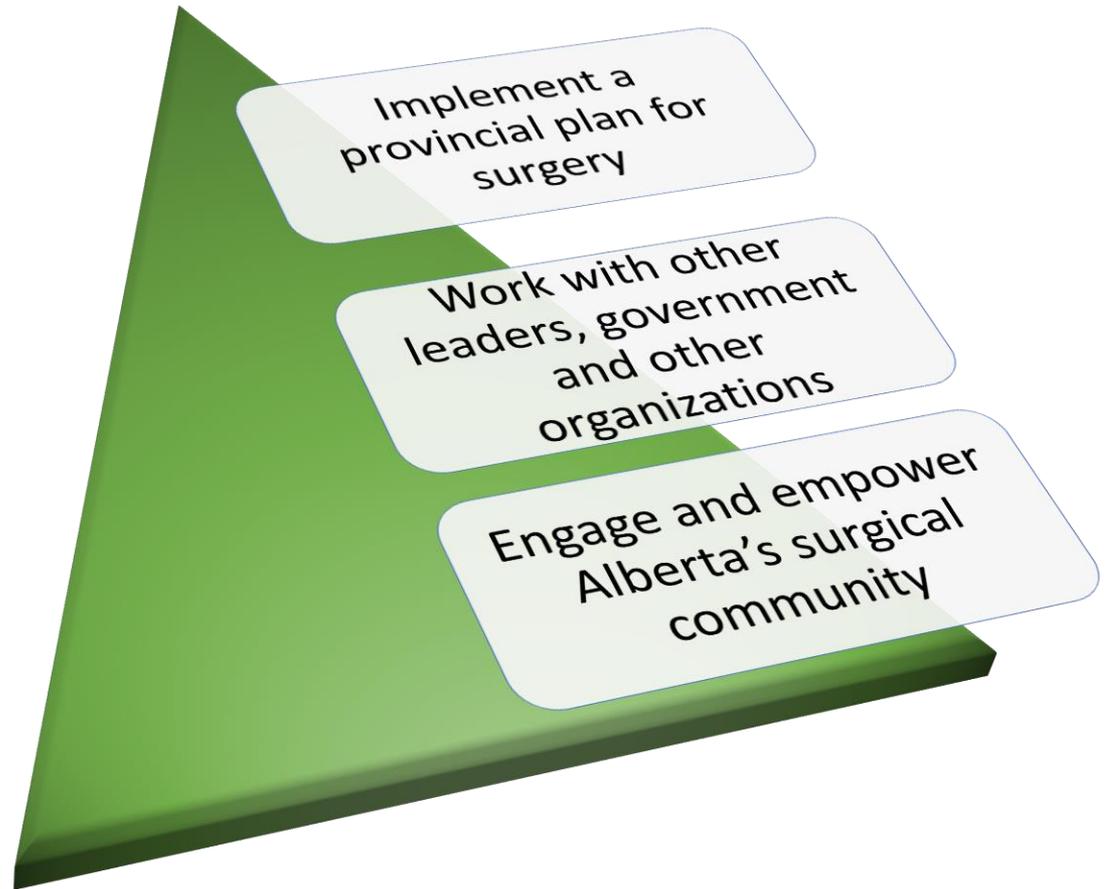
We're a community of people  
who care about surgery in Alberta  
and want to make it better



## Our Surgical Community



# What does the Surgery SCN do?



# Surgical Services in Alberta

- 55 AHS Facilities providing surgical care
- Plus an additional 51 contracts with Non-hospital Surgical Facilities
- In 2016/2017, ~287,778 cases were completed in a Main OR
- AHS is spending ~\$1B on surgery related activities



# Our Philosophy

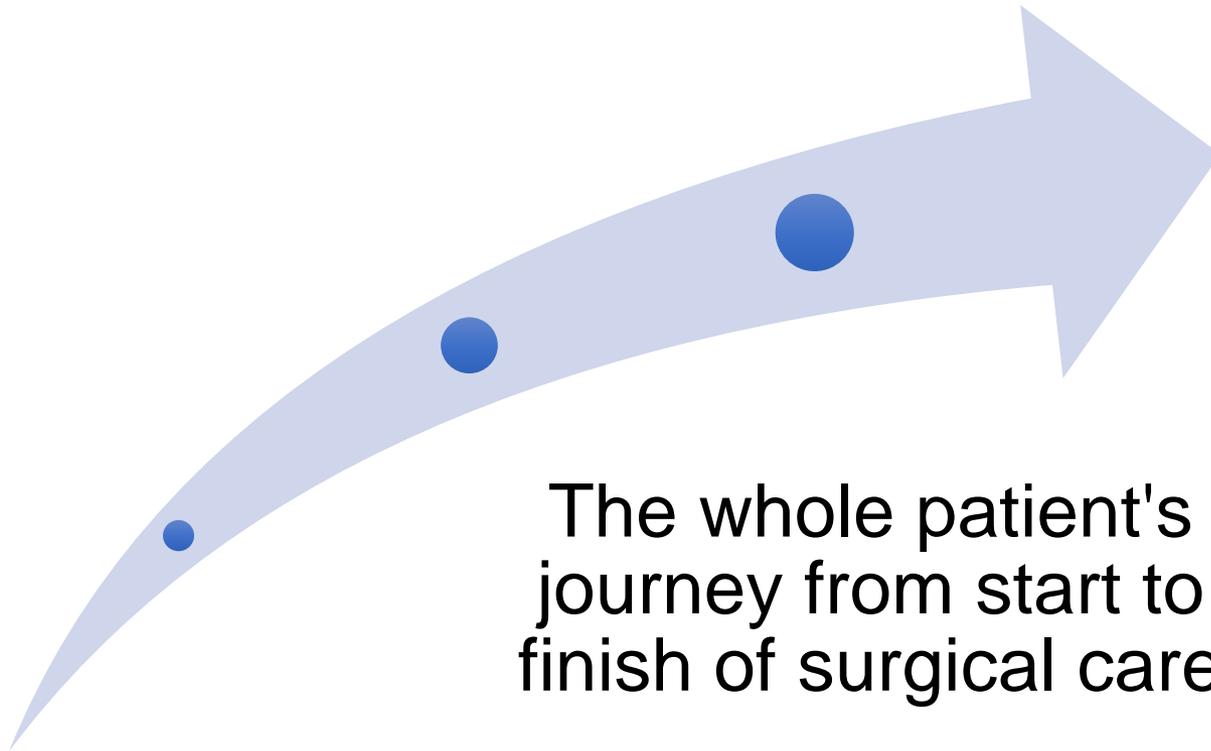


We provide pretty good surgical care in Alberta, but we know it can be better

We believe it is possible to improve

We want to come together as a community to get it done

# What is the scope of our work?





## **Who can we talk to?**

Anyone who interacts with a surgery patient along the way

# Who is the Surgery SCN?

Leadership Team

Core Committee

Wider community

## The Surgery SCN Team



**Jill Robert**  
Senior  
Provincial Director



**Jonathan White**  
Senior  
Medical Director



**Stacey Litvinchuk**  
Executive Director



**Tim Baron**  
Manager



**Bryan Atwood**  
Senior Project Manager,  
ACATS



**Ron Moore**  
Scientific Director



**Sanjay Beesoon**  
Assistant  
Scientific Director



**Alison Nelson**  
Provincial Lead for  
Enhanced Recovery



**Lynne Malmquist**  
Consultant



**Paule Poulin**  
Research Scientist,  
Evidence Decision  
Support Program



**Crystal Fawkes**  
Executive Administrative  
Assistant



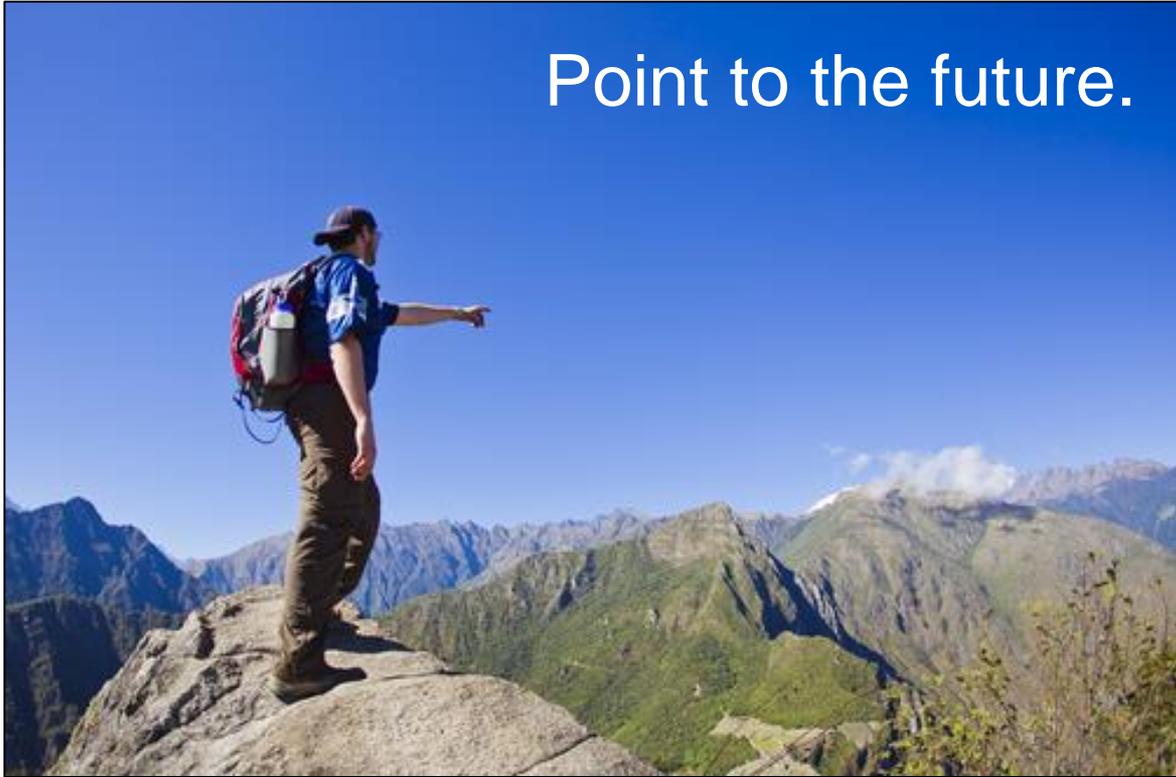
**Tracy Berryman**  
Executive  
Administrative  
Assistant



**Ashley Asman**  
Executive  
Administrative  
Assistant

What do we do?

Point to the future.



Connect.





Listen.



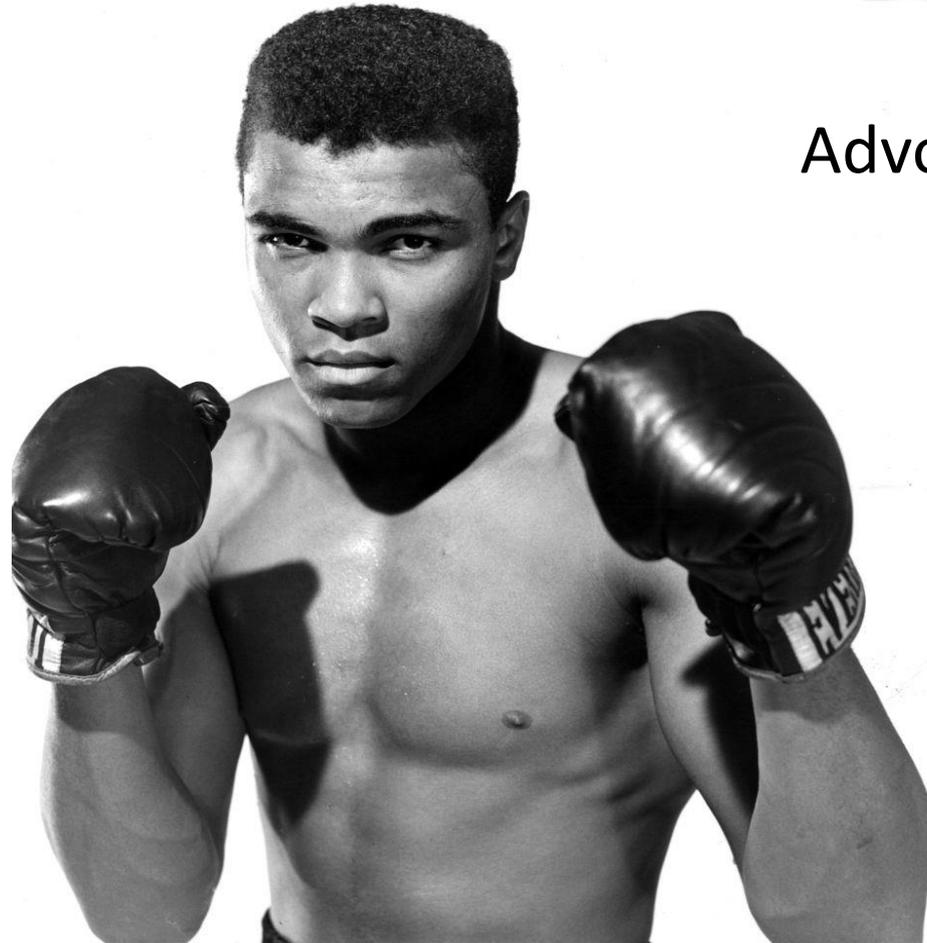
Think.



Ask hard  
questions.



Act.



Advocate.



Get out of the way



Get out

of the way



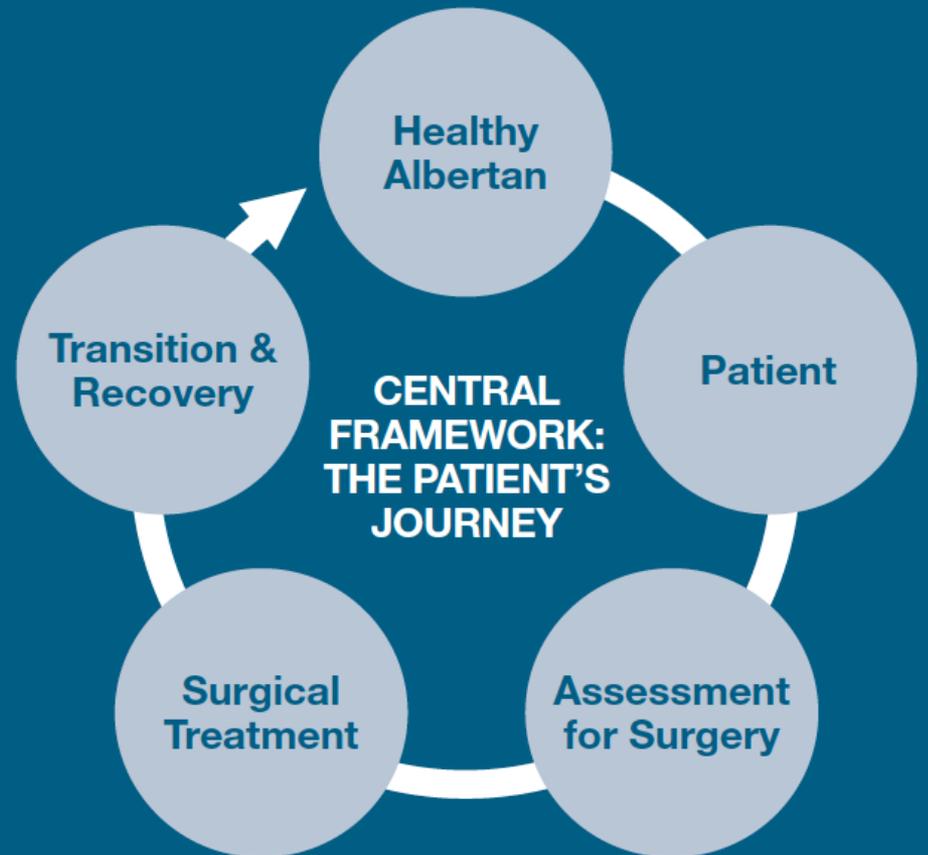
2018-2021 TRANSFORMATIONAL ROADMAP

# The Alberta Surgery Plan

Revised January 18, 2018

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

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



Patient experience

Provider experience



## 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”



### 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.

That sounds just lovely.  
But what do you mean “community”?

# com·mu·ni·ty

*noun*

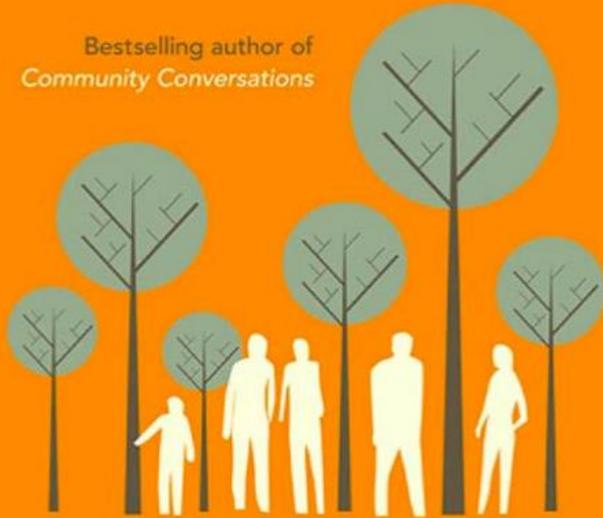
a group of people living in the same place or having a particular characteristic in common, especially one practicing common ownership.

the people of a district or country considered collectively, especially in the context of social values and responsibilities; society.

a feeling of fellowship with others, as a result of sharing common attitudes, interests, and goals.

Copyrighted Material

Bestselling author of  
*Community Conversations*



# Deepening Community

FINDING JOY TOGETHER  
IN CHAOTIC TIMES

**Paul Born**  
Foreword by Peter Block

Copyrighted Material

Copyrighted Material

COMMUNITY  
THE STRUCTURE OF BELONGING  
PETER BLOCK

From the Bestselling Author of *Stewardship* and *Flawless Consulting*

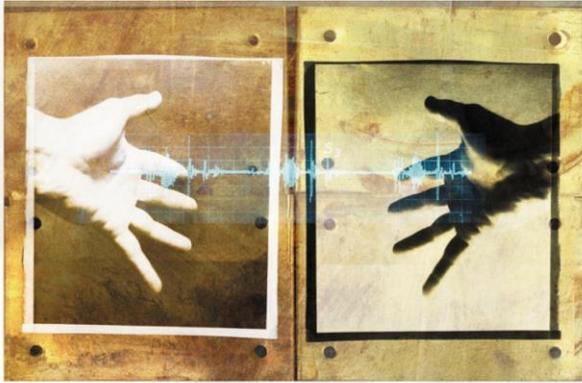
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# Five Principles of Community

1. seeking community is natural
2. we all have many communities in our lives
3. we can choose to deepen our experience of community
4. seeking community is part of our spiritual journey
5. healthy community leads to individual and collective altruism

# The Benefits of Community

1. Community and belonging shape our identity
2. Community builds the conditions for mutual aid and prosperity
3. We are smarter and more effective in community
4. Community improves our health and well-being



# solving tough problems

An Open Way of  
Talking, Listening,  
and Creating  
New Realities

**ADAM KAHANE**

Foreword by Peter Senge

*"This breakthrough book addresses the central challenge of our time: finding a way to work together to solve the problems we have created."* **NELSON MANDELA**

Leading a community is about:

Convening

Welcoming

Inviting

Listening

OK, so how's it going so far?



2018-2021 TRANSFORMATIONAL ROADMAP

# The Alberta Surgery Plan

Revised January 18, 2018

 **Alberta Health  
Services**  
Surgery Strategic  
Clinical Network™



Improved patient/family experience

Patient-centred

Timely Access

Seamless integrated care

Acceptability

ACATS

Work with PCNs

CIS

COMMUNICATION WITH PATIENTS - INFORMATION

PATIENT DRIVEN CARE

PATH TO CARE REFERRAL

Transitions

Multidisc

COMMUNITY PROGRAMS

Improved health outcomes

Safety

Quality

REQUIRED OF PRACTICES

POLICY REVIEW MEET

SSC

TRANSITION

NSQIP - PROCESS IMPROVEMENT - DATA

ERAS PROCESS

EFFECTIVE NEEDS ?

QUALITY OUTCOMES RELATED TO SURGERY

Our People

Strong community

PRIME COMMUNITARIAN

STORIES

Core Committee

Site visits

Engagement strategy

ENCOURAGE POSITIVE CULTURE

Culture of quality, safety, improvement

TEAM CULTURE

Improved Value

Efficiency

Appropriateness

Managing demand

OBP

Value metrics

STANDARDIZATION

CROSS-TEAM WORK

REDUCING INPATIENTS UTILIZATION

Briefing note, unmet need

FORMALIZATION PROCESS

EQUITY

ADVOCACY

TRANSPARENCY

UTILIZATION

HEALTH TECH ASSESSMENT / THE ASSESSMENT

Knowing how we're doing

Managing demand

Bang for our buck

# Online Consultation

## Online community survey

- YouTube videos with custom QR code
  - 2 minute introduction
  - 10-minute detailed presentation



**10,000 postcards** printed and mailed to 104 hospitals



Focus groups & phone interviews with supporting documents



**SURGERY  
STRATEGIC  
CLINICAL  
NETWORK**



**Alberta Health  
Services**

# The Alberta Surgery Plan

Watch the video:

<http://ti>

<http://tiny>

<http://ti>

**Improve  
access to  
integrated  
surgical care**



**Use analytics  
and evidence  
to guide  
decisions**



**Provide safe,  
high quality  
surgical care**



**Build a  
strong  
surgical  
community**







# Targets

- Every hospital in the province
- Surgeons (Departments, Site Leads & AMA Sections)
- Operations
- Nurses and AHPs
- Family docs & PCNs
- Other specialists
- AHS leadership & Board
- Trainees
- Patients and citizens
- Government

↻ The Mustard Seed YEG Retweeted



**Jon White** @canadiansurgeon · Nov 10

will donate \$1 to @mustardseedYEG for every response we get to the #albertasurgery plan - watch the video, take the survey, help the Seed! [tinyurl.com/absurgeryplanintro](http://tinyurl.com/absurgeryplanintro) ... @ahs\_scn #Yeg

**SURGERY STRATEGIC CLINICAL NETWORK**

**Alberta Health Services**

# 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>



↻ 11

♥ 7





## The Alberta Surgery Roadtrip!

*“We will visit all 16 big hospitals in Alberta in 6 months”*

EXIT

# The Alberta Surgery Plan

Improving surgical care in Alberta by:

- Improving access to integrated surgical care
- Providing safe, high quality surgical care
- Using analytics & evidence to guide decisions





For Stacey  
Bring to  
Lethbridge

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



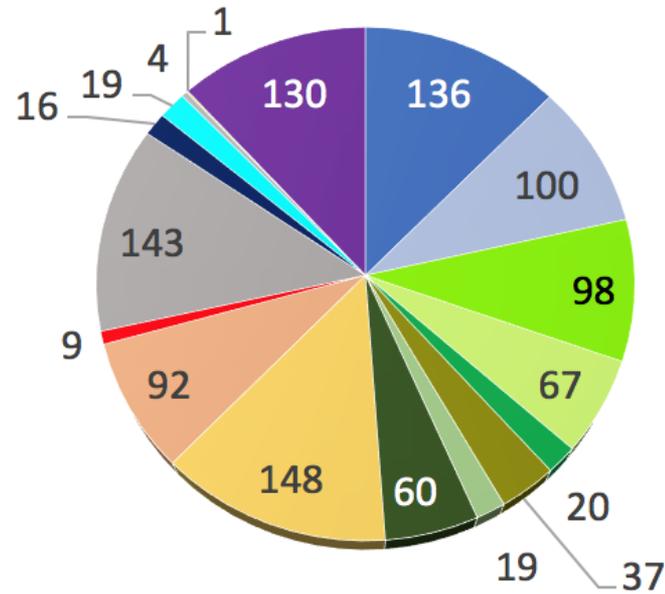
Stollery Children's Hospital, Edmonton







1100 people  
took the survey



Another 1000  
engaged in person

- citizen
- patient
- surgeon
- anesthesiologist
- gynecologist
- a family doctor
- resident
- other physician
- nurse
- allied health
- MOA
- Admin
- Academic
- researcher
- government
- foundation
- Other

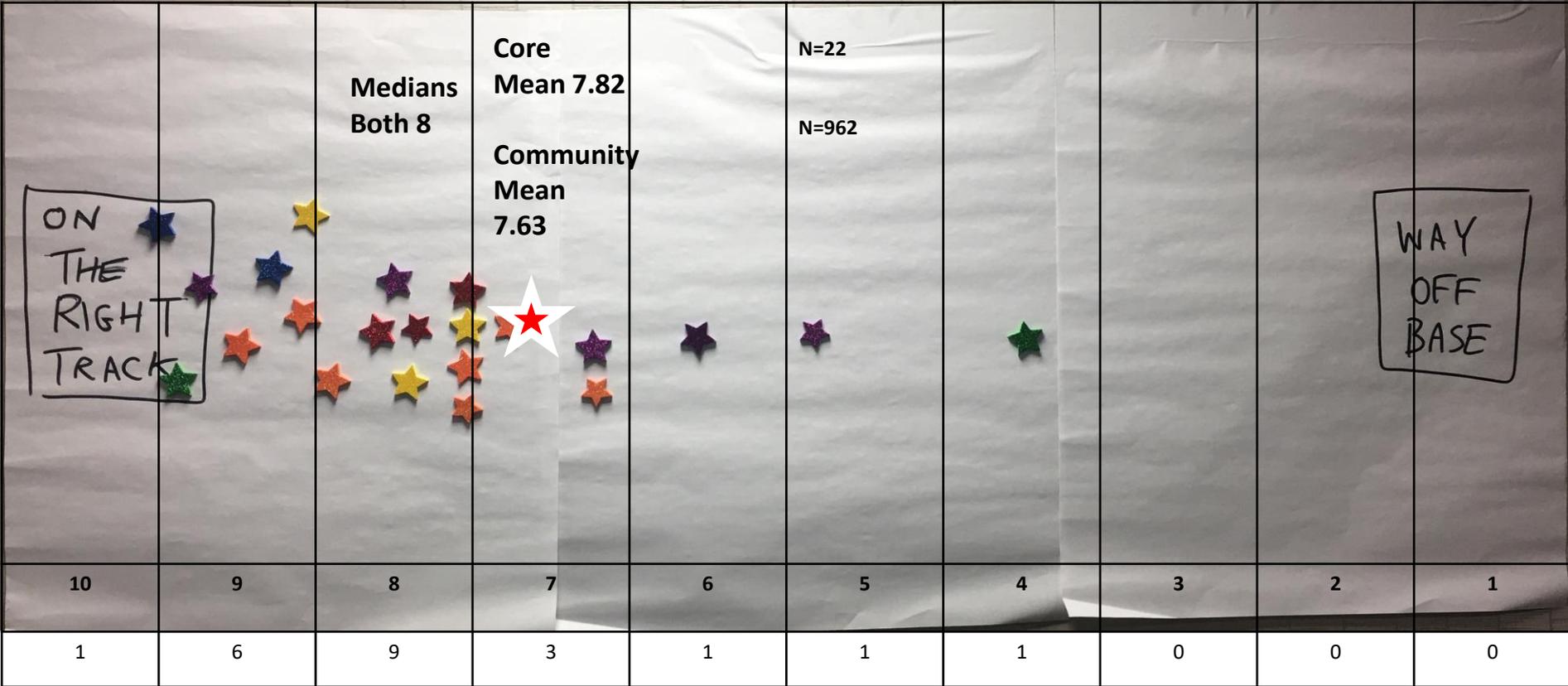
ON  
THE  
RIGHT  
TRACK

Medians  
Both 8

Core  
Mean 7.82  
  
Community  
Mean  
7.63

N=22  
  
N=962

WAY  
OFF  
BASE



# Our Areas of Strategic Focus

What % think each is important?

100%



Improve  
access to  
integrated  
surgical care



Use analytics  
and evidence  
to guide  
decisions

98%

99%



Provide safe,  
high-quality  
surgical care



Build a strong  
surgical  
community

99%

Open text prompt	Responses
What I like BEST about the plan presented here is:	610
What I like LEAST about the plan presented here is:	523
I think what needs to be ADDED to the plan is:	512
Do you have any other comments or suggestions?	405
<b>Total written comments</b>	<b>2,050</b>
If you would be willing to provide us with more information or would like to attend a Core Committee meeting, <b>please enter your email address below</b> . We will keep your email confidential and will not share it with anyone else.	174

# Analysis of Written Comments: Major Themes

- Strengths
- Weaknesses
- Barriers to success
- Overlooked groups in our community
- Special populations
- Advice
- More ideas on each area of focus

# What did we achieve?

- Strong community support for our plan
- Strong community endorsement of the four areas of focus
- Rich data from open text responses with additional information, useful advice and further ideas



Connect Care (Epic) Day Jan 2018



ERAS Day  
March 2018



# We restructured our provincial surgery committee with a focus on inclusion and diversity

## Committee Membership

The membership of the Core Committee is comprised of the Surgery SCN leadership team and patient advisors, strategic, operational, academic and clinical content experts (physicians and other health professionals) who are appropriate to the work of the SCN. We place a strong value on diversity and inclusion: all parts of our community should be represented, and all are welcome. Through the members of its Core Committee, the SCN will:

- Build a community of practice, improving relationships between all parts of our community
- Break down silos between disciplines, between rural and urban and between different groups to ensure focus on a common goal.
- Engage with additional groups identified through our 2017 community consultation (see Appendix 1)



The Co-Chairs of the Committee will review the membership list annually and issue an annual Call for Interest for new members. The Co-Chairs will review all applications and, in consultation with Zone leadership, make decisions on membership which will be endorsed by the Senior Program Officer and Associate Chief Medical Officer for the Strategic Clinical Networks. We will strive for the broadest possible base of representation and diversity considering location, stage of career, gender, discipline, role and other factors, and we will pay special attention to include vulnerable or marginalized groups.

## Appendix 1

Our community consultation in 2017 identified the following groups as being particularly important for us to include and engage with:

- families
- surgeons beyond the “usual suspects”
- surgeons outside the big cities
- anesthesiology
- gynecology
- family medicine
- 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



# New Provincial Groups

- Provincial Operations group
- Provincial NSQIP group
- Liaison committee with Alberta Medical Association  
Specialty Care Alliance & Primary Care Alliance
- Multi-disciplinary working groups

# **WANTED: AWESOME PEOPLE**

## **TO DESIGN THE FUTURE OF SURGERY IN ALBERTA**

The **Surgery Strategic Clinical Network** is seeking members for the new **Provincial Working Groups in Surgery** described in the 2018-2021 Alberta Surgery Plan. There are three Working Groups available:

- Access to Surgical Care
- Surgical Safety & Quality
- Surgical Analytics

We're looking for people who are committed to improving surgical care provided to Albertans. We need people from all five AHS Zones including citizens, patients and family members, hospital specialists and primary care physicians, nurses and allied health, operations and support staff and others. Members must be willing and able to work as a team to develop innovative, practical and feasible solutions to the most important problems facing our system. Members will bring their own experiences to the table but must also be willing and able to think about the provincial system as a whole. Previous experience in quality improvement would be an asset but is not essential.

More than  
200  
(awesome)  
volunteers!

# Engagement survey 2018

I am answering this survey as a:	Response Total
Citizen of Alberta	22
Patient who has received surgical care	23
Surgeon	53
Anesthesiologist/pain medicine specialist	66
Gynecologist	6
Family doctor	1
Resident	0
Physician from a group not listed above	5
Nurse taking care of surgical patients	77

# Total Respondents - 414

I am answering this survey as a:	Response Total
Allied Health Professional	17
Medical office assistant	12
Healthcare administrator/leader	85
Academic administrator/leader	2
Researcher/scientist	9
Government representative	2
Representative of a foundation or other funding organization	1
Other	33

# Summary

*“A community doing a good job that wants to improve”*

Interested in innovation & improvement	95%
We provide high quality surgical care	90%
Have a strong culture of improvement and innovation	62%

# Summary

*“A community that wants to be engaged”*

Want to know what’s planned for the future	99%
Want to know how we’re doing as a province	97%
Want to hear from our leaders	85%
Want my voice to be heard	76%
Want to know how to get involved	69%

# Summary

*“A community that wants to get involved”*

Interested in attending Surgery SCN meetings	56%
Interested in arranging Surgery SCN visit	39%
Interested in volunteering for a working group	45%
Interested in attending the surgery forum	58%

# Summary

*“There’s still room for improvement”*

	<b>% agreeing</b>
Well informed about changes	41%
Know how to get involved	39%
Are good at working together across the province	38%

# What's next?

- New more diverse Core Committee meets in March
- More site visits, and demands for re-visits
- Expanding working groups
- Building a community around NSQIP
- More demand for updates and new ways to get involved

# Lessons Learned

1. Community exists and community matters.
2. The surgical community includes way more than surgeons.
3. We learn about community-building by doing it.
4. Think of a big idea that seems crazy, then do it anyway.

# Lessons Learned

5. If you build it, they will come.
6. Go to where the action is.
7. Stories matter. Remember to take pictures.  
Tweet.
8. Being real matters.

# Lessons Learned

9. Patients are the key.
10. Most people want to believe we can improve.
11. Talk to people you're afraid of talking to.
12. The community owns this – hold them accountable.



What does it mean to be a provincial surgical leader?



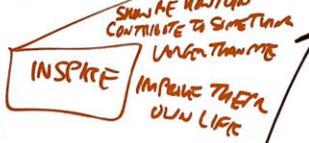


BUILD A JOURNEY TO CHANGE.

HOW WOULD I WANT TO BE ENCOURAGED TO CHANGE? HOW HAVE I CHANGED?

### ENGAGE

- VISIT - BUILD A BRAD.
- KNOW
- LISTEN
- APPRECIATE - PEER SHARING OF EXPERIENCE
- ASK FOR ADVICE
- UNDERSTAND THEIR PRACTICE
- EDUCATE - STORIES



IS IT THE RIGHT CHANGE?

FACING A BAD CHANGE

MANAGING A WHEEL

NO DATA

IN A DARK ROOM

### DATA

RECOGNIZING MY DATA/ MY PRACTICE

- PROVIDE DATA ON PRACTICE
- COMPARE WITH PEERS
- GENERATE DISCUSSION IN GROUP
- STIMULATE CHANGE
- EMPOWERED

ENCOURAGE DISCUSSION & PATIENTS

OUTCOMES COST VARIATION

LOW VALUE HIGH COST POOR OUTCOMES UNWANTED QUALITY AN OUTLIER

### SET STANDARDS

"BIL BROTHER" MINER-SAVING

RISKS/REWARD

MANDATE. UNLIKELY TO SUCCEED. THREATEN GAIN SHAME. PRESURE SHAME.

INCENTIVIZE \$

SALARY SCHEME (DE-COUPLED ACTIVITY/PAY) PAY BY QUALITY

BE WHO YOU ARE SUPPOSED TO BE TREAT PATIENTS AS YOUR OWN FAMILY DE-PERSONALIZED MEDICINE

WHAT BEHAVIOURS DO WE WANT?

WHAT'S THE GAIN?

TRANSTHEORETICAL FRAMEWORK

SYNOPTIC REPORTING ARGUMENT FOCUS ON SPECIFIC GROUPS

# Barriers to success

- Top-down, bureaucratic, cumbersome, pencil pushers, waste of money
- Identify key roadblocks challenges and barriers
- Does Alberta Health Services and the government really want to change?
- Who has the power?
- Will there be resistance to change?
- Do you have the money to get it done?
- Infrastructure deficit
- Bed shortages and staffing shortages
- Lack of continuing care beds
- Integration with primary care will be difficult
- Large committees will work very slowly
- Motivating surgeons to change
- Getting buy-in from physicians, engagement and accountability
- Engaging fee for service surgeons
- Silos and disconnection in the current system
- Silos between disciplines
- Silos between rural and urban, need to integrate
- Tunnel vision of doctors
- Logistics and staffing for the SCN
- SCN governance & decision-making
- It may be difficult to reach agreement amongst diverse groups with different agendas
- Change fatigue, tired of reorganization

# Advice for us going forward

- Honor our history and local successes, what works and lessons learned
- Transparency, public accountability, closing the loop with participants, communication, dissemination, education, provide updates to the community & public
- Do pilot projects first, start small, stay agile
- Produce a white paper fast, within six months
- Who will be on the working groups, will you be very reliant on them?
- Cross representation on the working groups, frequent reporting back and checking, timelines for work to be completed
- Annual reevaluation of the plan
- Design the system end-to-end
- Make sure to integrate your work with existing quality councils,