HEALTH SCIENCES ASSOCIATION
The union delivering modern health care

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Delivered by email correspondence

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Attention: Ms. Sharon Stewart, Executive Director,
Strategic Initiative

Dear Sharon:

Re: Information pertinent to reopening non urgent/emergent surgeries, screening and testing in Health Care in BC

After listening to Premier Horgan's briefing today and in anticipation of the May 7th briefing regarding resumption of scheduled surgeries in mid-May, we would like to identify important considerations. As we discussed the other day during the provincial meeting, we want to make sure that when planning to gradually reintroduce non-urgent/emergent in- and outpatient services, attention is paid to making sure services from our professions are contemplated. Our members will be critical to ensuring timely access to diagnostic and surgical services, and working down the backlog.

For increased outpatient, non-urgent screening exams, the following professions will be directly involved and have key roles to play:

- Diagnostic Imaging
- Blood work (Medical Laboratory Technologist)
- Cardiac testing
- Mental health, substance use, clinical counselling, and psychology services
- Physiotherapy
- Occupational therapy
- Speech-language pathology
- Dietitian
- Pulmonary function
- Social work

For increased volumes of scheduled surgeries, these professions will have a direct impact on how, how many, and when these procedures can be done:

- Intraoperative services (Respiratory Therapy, Diagnostic Imaging, Anesthesia Assistant, Perfusionist)
- Pre- and post-op diagnostic services (Diagnostic imaging: MRI, CT, Nuc Med, DMUS, x-ray and medical laboratory services)

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- Pre-habilitation and rehabilitation services (PT, OT, SLP, SW, Dietetics, Psychology and Clinical Counselling)
- Pharmacy services
- Cardiac support services such as ECGS and Echocardiogram
- Cancer support services (Radiation Therapists)

We draw your attention to additional areas that will be impacted with increased service volumes:

- Biomedical engineering support
- Health information management services support
- As patients are discharged, attention must be paid to home health services, community rehab, outpatient clinics, especially those supporting older adults recovering from surgery.

In addition, we also want to raise several important points as BC moves to work down the backlog.

- ***Increase, and optimize, public diagnostic imaging and surgical capacity to work down the backlog.***

  We ask that the Ministry share with us its plans to increase and optimize public imaging and surgical capacity as these volume increases will directly affect many of our professions. We are prepared to work closely with the Ministry and other partners to address professional shortages that may be seen as barriers to increasing volumes in the public sector (see last point). We hope that all strategies to increase public sector capacity will be pursued as necessary (e.g., extending OR and imaging hours). Increased volumes flowing from the 2018 surgical and diagnostic strategy demonstrate the ability of the public sector to increase imaging and surgical capacity. This has included performing more surgeries and extending MRI hours at some sites, but not all. It is our expectation that increased volumes will not be achieved through contracting out or contracting in surgeries and imaging. Contracting out/in will exacerbate pre-existing professional shortages in the public system, as we know that there is a limited pool of health science professionals and these professionals can't be in two places at once.

  Furthermore, the increased volumes stemming from the 2018 diagnostic and surgical strategy has created workload challenges for our members, especially MRI technologists, due to the aforementioned challenges of private delivery of imaging services and insufficient FTE in the public system. It will be especially critical as we approach summer months and vacations, that strategies are pursued to fill pre-existing vacancies and also to mitigate the FTE reductions that we are likely to see over the summer months. The issue of mitigating FTE reductions during the summer months, when government is likely to want to ramp up imaging and surgeries, raises a number challenges that will need to be addressed across the health science professions (see last point).

- ***Clarify the approach to infection control and physical distancing measures in inpatient and outpatient settings as scheduled/non-urgent services resume.***

  A return to previous outpatient testing will change the current dynamic in a health care setting now used to coping with the demands introduced by COVID-19 which were not contemplated in screening and "intake" protocols for outpatients. We hope thoughtful consideration will be given to how our members in inpatient and outpatient settings (e.g., medical imaging) will be prepared with infection control and physical distancing measures as scheduled services resume. We believe outpatient screening protocols will need to be carefully reviewed and adapted to reflect the new normal. In the surgical and diagnostic plans we hope to see shared with us, we hope

consideration will be given to this important issue, and we expect that these measures will align with the ongoing provincial OHS efforts.

- ***Re-focus efforts to implement Hip and Knee Programs at all provincial sites that will be essential to working down backlogs in the immediate term and embedding system improvements over the long term.***

  Orthopedics, and specifically joint replacement, comprises a significant proportion of diagnostic imaging and surgical volumes. We strongly encourage the Ministry to work with health authorities to implement a standardized single-entry model for potential hip and knee surgical candidates at all provincial sites (i.e., beyond the five sites). There has been a lack of consistency across the five programs and often core components of a single-entry model have not been implemented, meaning that the full benefits and efficiencies from this evidence-based model have not been fully realized. Shortages of public sector PT and OTs to provide pre-surgical assessments, prehabilitation and post-op rehabilitation as part of an integrated clinic have been barriers. We encourage the Ministry to optimize the programs at the five existing sites, and to work scale the team-based single-entry model at all provincial sites. Our professions, especially PT and OT (MoH-designated priority professions), will be critical to the success of hip and knee programs, and more broadly, ensuring that health authorities are staffed with the rehab professionals necessary for safe discharge of surgical patients.

- ***Identify and implement strategies to mitigate pre-existing health science professional shortages that are likely to impede efforts to work down the backlog.***

  These issues highlight the urgency of identifying strategies to mitigate the pre-existing shortages of health science professionals who will be necessary to work down the backlog and ensure safe and effective diagnosis, treatment, and recovery. On top of that, and as mentioned, the summer months and potential for reduced FTE at a time when government needs to increase service volumes raises issues that will need to be carefully considered. We hope that the Ministry shares our commitment to immediately resume virtual meetings of the HSPBA Recruitment and Retention Working Group in order to identify immediate strategies. It is our expectation that there will be an openness among all parties to identify and implement strategies so that BC can be successful in meeting the health care needs of British Columbians.

Yours truly,

HEALTH SCIENCES ASSOCIATION OF BC

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JM/mv