

CHIEF PROGRESS REPORT

November 2020 Edition

“Our most significant opportunities will be found in times of greatest difficulties.”

-T. Monson

This month, I would like to bring everyone up to date on the Re-Establishing Services and Programs (RESAP) project that I mentioned in my last CPR. I have had many questions about this endeavour, and it seems that a lot of the work being done isn't recognized. So, I thought I would frame this in the way many of the questions that have come to me have been asked: What, why, who, and when?

What is RESAP?

The RESAP project is an undertaking that was developed to help guide the re-establishment of certain services with some key core guiding principles. These principles included keeping a systems-wide approach in all the designs while also ensuring patient and family centered care is at the forefront of all decisions. We followed recommendations from external and internal reviews and applied them against an ethical framework in all decision making. The use of best practice, data, evidence-based information, and innovative thinking were the foundations for planning. Scientific methodologies were used to evaluate, minimize, and balance risk. The focus areas of the project currently are the Operating Rooms (both scheduled and NSSL), Diagnostic Imaging, and Ambulatory services.

Why RESAP and why now?

As a result of the pandemic and the ramp down of services in March to create capacity in the hospital, many surgeries, diagnostic tests and clinics were either cancelled or postponed indefinitely. Now that we are opening up again and re-establishing those services, we had an opportunity to redesign and improve on what we were doing in the past.

Who is involved in the RESAP project?

Many committee members have been involved lead by the steering committee that included myself, the Chief Nursing Executive and the VP for surgical services. There were 3 main workstreams: Access, Flow & Screening, Patient Scheduling & Referral, and Clinical & Ethical Prioritization. Each team was led by a

Chair, with support from SOP. Members of all workstreams represented all areas of the hospital from professional staff, to nurses, pharmacists, as well as non-clinical staff.

When will the RESAP project be completed and when will the recommendations be implemented?

The first of the subcommittees on the NSSL list is nearly complete. Next up will be the elective OR scheduling. While these sub-committees are working simultaneously, the next group to roll out their recommendations will be the Diagnostic Imaging group and finally Ambulatory services. We expect all the recommendations to be completed by December with an implementation date of January 1, 2021.

The RESAP work, once completed will represent a monumental shift in how we provide key services to our patients and would not have been possible if not for the extraordinary work of many people. If nothing else positive comes from this pandemic, at least it gave us an opportunity to come together as a team of innovators, systems-thinkers and change-makers to reshape how we provide and deliver these services in the future.

If you have any questions about the RESAP work being done please let me know and I would be happy to discuss further with you.

Until next month,

A handwritten signature in black ink, appearing to read "Wassim". The signature is fluid and cursive, with a large initial 'W'.

Wassim