

LE RÔLE DES INFIRMIÈRES ET DES INFIRMIERS EN SOINS PÉRIOPÉRATOIRES DANS LE FINANCEMENT AXÉ SUR LE PATIENT

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L'auteure a déclaré n'avoir aucune affiliation qui pourrait être perçue comme un conflit d'intérêts.

RÉSUMÉ :

Toutes les provinces de part et d'autre du Canada font actuellement face à de longues périodes d'attente pour les chirurgies. La Colombie-Britannique (C.-B.) a récemment mis en œuvre une stratégie améliorée, appelée le financement axé sur le patient (FAP) au moyen de laquelle les autorités sanitaires obtiennent des fonds supplémentaires pour effectuer des chirurgies additionnelles. Les changements à travers tout le système, lorsqu'ils sont apportés sans que tous les partis impliqués ne s'engagent, produisent rarement les résultats prévus, ce qui porte à croire que le FAP bénéficierait de la participation de toute l'équipe de salle d'opération. Les infirmières et les infirmiers en

soins périopératoires, dans leur rôle de porte-parole des patients, sont bien placés pour observer et signaler les résultats axés sur le patient, limitant ainsi les conséquences imprévues et négatives associées aux changements proposés. Cet article vise à renseigner les infirmières et les infirmiers en soins périopératoires du Canada au sujet du FAP et à leur expliquer la raison pour laquelle il est important qu'ils participent. Au moment d'écrire cet article, les provinces de l'Ontario et de l'Alberta avaient également annoncé des projets afin de mettre en œuvre une forme ou une autre de FAP. On s'attend à ce que, si elle s'avère fructueuse, l'expérience de la C.-B. soit probablement reproduite dans d'autres provinces.

KEYWORDS: PATIENT-FOCUSED FUNDING, ACTIVITY-BASED FUNDING, PATIENT ADVOCATE, CHANGE, UNINTENDED CONSEQUENCES.

THE PERIOPERATIVE NURSE'S ROLE IN PATIENT-FOCUSED FUNDING

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ABSTRACT:

All provinces across Canada are currently struggling with long surgery wait times. British Columbia (BC) has recently implemented an improvement strategy called Patient Focused Funding (PFF) whereby health authorities are offered additional money for completing extra surgeries. System wide change, when made without engagement by all involved parties, rarely achieves expected outcomes suggesting PFF would benefit from the participation of the entire operating room (OR) team. Perioperative nurses, in the role of patient advocate, are well suited to observe and report patient focused outcomes thereby limiting the unintended and negative consequences associated with proposed changes. This article seeks to inform Canadian perioperative nurses about PFF and explain why it is important for nurses to participate. At the time of writing, Ontario and Alberta had also announced plans to implement some form of PFF. It is anticipated that, if proven successful, BC's experience will likely be duplicated in other provinces.

INTRODUCTION:

The health care system is under pressure to improve quality and increase efficiencies yet many of the initiatives for change that are introduced fail to deliver anticipated results.¹ In 2010, British Columbia (BC) introduced patient focused funding (PFF) as a new incentive program to increase the number of surgeries performed using existing resources. PFF is, however, at great risk of falling short of expectations without the support of the entire perioperative team. The purpose of this article is to provide information about what PFF is and to summarize recommendations for the perioperative nurse's consideration in order to increase the likelihood that PFF will achieve successful outcomes. This article does not discuss the issue of whether PFF should, or should not, be implemented.

Background

Developments in Operating Room (OR) department data collection systems have provided the BC Health Ministry with valuable information that has been used to design and implement evidence-based change. PFF represents a significant shift in the way hospitals will receive funding for patient surgeries both now and in the future. PFF is designed to create a competitive environment and offers financial incentive directly to health care providers who are able to increase productivity by making improvements to surgery effectiveness and efficiency.^{2,3} Today's efficient ORs are described as those able to produce higher surgical volumes from their present staff through methods such as reducing patient length of stay and by increasing the number of staff to patient contacts on a daily basis.⁴

Perioperative nurses identify patient advocacy as a core competency.^{5,6} PFF results in a significant change in the OR environment and the impact to patient care remains mostly unknown. Changes made to complex, dynamic systems, such as those used in the OR, can result in unintended and negative

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consequences.⁷ Increasing patient access to surgery is a complicated multi-system issue. It would, therefore, benefit from a collaborative and multi-stakeholder approach in order to provide the opportunity for an expert panel to review solutions, prior to implementation, and thereby reduce negative outcomes.⁷ PFF provides the opportunity for perioperative nurses to act as the patient advocate during a significant system wide change thus ensuring the surgical patient's best interests are identified and protected.

What is PFF?

PFF, as outlined in Table 1, is a model based on the combination of activity-based funding plus payment for performance.⁸ Both of these funding models directly relate the health care provider's performance to levels of financial compensation.⁹ Activity-based funding pays bonuses for extra procedures performed but the addition of pay for performance means PFF also pays extra money for supporting both quality and efficiency improvements within the OR environment.^{2,3,8}

PFF is designed to promote best practice patient care by providing additional funding for some health services. Service performance levels are measured using six quality dimensions: acceptable; appropriate; accessible; safe; effective; and efficient health care provision.⁸ PFF is, under the BC model, expected to improve patient access to surgery by paying health authorities extra money for completing more surgeries as well as offering additional incentives to contain costs and introduce further innovation into the OR while preserving quality patient outcomes.^{2,3}

PFF differs greatly from block funding models that have traditionally been used in Canada. Block funding provides an annual, upfront, lump sum payment to cover anticipated operational expenses.¹⁰ Block funding has been criticized for contributing to long surgery wait times because each surgery performed is considered an expense with every patient taking money out of the budget. As the year progresses and block budgets begin to run short, OR closures are often applied to save money until the next funding cycle begins. A described advantage of block funding is its ability to control costs.¹⁰ PFF removes the incentive behind these OR closures.

What are the objectives of PFF?

The objectives of PFF include reducing wait times for some surgeries and increasing the volume of same-day surgeries by decreasing the number of overnight hospital stays.^{2,3} Participating health authorities (HAs) will, under the PFF model, receive additional funding when they successfully complete more targeted surgeries and shift overnight patient stays to same day surgery. Some patients benefit from priority access to surgery, some physicians benefit from increased access to OR time, and HAs are paid directly for the extra work.

Gaming

An often discussed risk associated with PFF is known as gaming. Gaming is said to occur when health providers attempt to increase their earnings by changing patient scheduling and selection practices.^{9,10} Examples of gaming in the OR occur when PFF surgeries are favoured over non PFF surgeries and when simple, less complex surgeries are chosen over lengthy, complex surgeries to maximize patient throughput.¹⁰

Table 1

Patient Focused Funding = Activity-Based Funding + Pay for Performance ⁸	
Activity-Based Funding <ul style="list-style-type: none"> • Payment for a unit of work • Rewards efficiency within existing resources 	Pay for Performance <ul style="list-style-type: none"> • Payment for quality dimensions • Rewards timely access to care

Australia was the first country to introduce activity-based funding initiatives in the early 1990s as a strategy to reduce wait times.

The extent of gaming in the BC experience remained unclear at the time of this writing because the initiative was still new and publicly reported data was limited. PFF surgery payments do not, however, occur until the hospital meets its annual, block-funded expected volume of surgeries.⁸ This is expected to minimize gaming because only those surgeries performed over and above normal volumes are eligible for additional PFF payments.

Where else has PFF been introduced?

Australia was the first country to introduce activity-based funding initiatives, in the early 1990s, as a strategy to reduce wait times.^{2,11} Reports indicate that, within a year of making the funding change, waitlists dropped by 16%.^{2,11} In 2006, Norway shifted 40% of health funding to activity-based funding and has since reported a very small improvement in hospital activity.^{2,11} The United Kingdom reported that their similar model, payment-by-results, has positively contributed to improving hospital efficiencies.^{2,11}

In Canada, PFF experiences are still very new and somewhat limited. In 2010, Alberta initiated activity-based funding for nursing homes and Ontario reported activity-based funding as a method to increase procedures in designated priority areas.¹¹ In 2011 Ontario announced further plans to increase activity-based funding within larger hospitals.¹¹ BC's experience with PFF has not been limited to the OR and also includes other priority areas such as bonus pay for increasing access to magnetic resonance imaging (MRI) procedures and increasing patient through-put in the emergency department (ER).⁸

Who are the stakeholders in PFF?

At this time, the primary stakeholders in BC's PFF program are the BC Health Ministry, represented by the office of the Health Services Purchasing Organization (HSPO), and the participating HAs.^{2,3,8} Each HA works on behalf of its individual hospitals and contracts directly with the HSPO to complete a number of additional PFF surgeries.^{2,8}

Once contracts are signed, it is up to each hospital OR department to perform the extra PFF surgeries.

In 2010, the British Columbia Medical Association (BCMA) developed a policy paper on PFF. In it the BCMA recommended more direct collaboration should occur between the BCMA and the HSPO in the design, implementation, and measurement of PFF outcomes.¹¹ The BCMA has also recognized the absence of the patient as stakeholder and recommends patient representatives should actively participate in developing PFF success measures.¹¹

Limiting the stakeholders who are involved in the development and implementation of PFF may result in not all potential program benefits being achieved.⁴ Each member of the perioperative team can provide a unique perspective on system improvements.¹² Engaging directly with the entire perioperative team can result in additional opportunities to improve overall quality and efficiency. Frontline perioperative nurses offer a diverse and patient focused background that is well suited to championing many quality improvements.¹² Perioperative nurses also have, in the early stages of change, the unique opportunity to participate in PFF planning by identifying system improvements that ensure a high level of quality patient care.

When is PFF occurring?

PFF for surgeries in BC was introduced in 2010 at twenty-three hospitals throughout the province.² Not all hospitals are currently participating and the impact to those communities that were not included has not yet been reported. In the future PFF will likely spread to all communities because the Ministry of Health has announced plans to change funding proportions further in order to have an overall ratio of 80% block funding and 20% PFF by 2012/2013.³

Determining Priority

Surgery wait times are assigned an anticipated and acceptable number of

weeks to wait called a wait time target.^{2,3,8} Hospital Administrators, Surgeons, HAs, and the Ministry of Health actively monitor and compare patient actual wait times to the wait time target. The surgeries eligible for PFF are the ten procedures where patients are waiting the longest for their surgeries, as well as surgeries where the HAs feel priority should be placed, and this list is adjusted on an ongoing basis.^{2,3,8}

The impact on patients waiting for non PFF surgeries remains unknown. Non PFF surgeries are completed within the traditional block funding model and, as a result, continue to remain at risk for long wait times. Because PFF targeted surgeries are adjusted based on wait times, however, surgical procedures with long waits will likely be moved up to the top ten list and therefore become eligible for PFF.

Some HAs have struggled to balance expected block activity with the additional PFF contracted cases. Some of these HAs have, in order to address shortages, sub-contracted out PFF surgeries to private surgery centers. These contracted out surgeries continue to count towards the HA's overall PFF surgical volumes and therefore indicate program success.⁸

How can nurses prevent unintended consequences?

Change rarely occurs without unintended consequences.^{4,7} Nurses can help to minimize some of the risks associated with PFF by arming themselves with information. Hospitals are required to report data describing trends such as post-operative infection rates, numbers of patients waiting for surgery, and how many surgeries were actually completed. Nurses can ask their managers to share information at regular staff meetings so they can become involved in outcomes and track progress. This also provides an open forum for peer-recognition and to celebrate successes. When access to program information and outcomes is limited the frontline perioperative nurses may not even be aware of the objectives for PFF or the role they can play in its success.

PFF programs have been criticized for shifting the emphasis from quality to quantity.^{9,10} In the early stages of PFF implementation it appears that the priority quality dimension measured is limited to patient access.⁸ Front line nurses are well situated to identify changes in quality patient care during the surgical procedure. Perioperative nurses can, by understanding the selection process used for PFF surgeries, help to protect against risks, such as gaming, by ensuring non PFF cases are also part of the regular OR workload. In Canada all patients should receive equal access to health care regardless of whether or not they are on a PFF surgery list.

Frontline perioperative nurses are also well situated to identify OR efficiencies. PFF pays a set fee for each surgery and, to demonstrate accountability, HAs will need to identify if they are able to perform surgeries within the fee budgeted. Perioperative nurses will likely be asked to audit, review, and report items used in patient surgeries in order to calculate surgery costs. This information is important because it will determine which surgeries are able to be completed within the set fee budgeted and can even identify some surgeries which could generate a profit. Perioperative nurses have the unique opportunity to have a direct impact on their hospitals' financial future.¹²

CONCLUSION:

Activity-based and patient-focused funding incentive programs have arrived in Canada's healthcare system. Improvements in OR data collection systems have provided the basis for BC's Health Ministry to implement PFF. PFF, as a quality improvement strategy, will increase some patients' access to surgery. Because of the isolated approach in design and implementation PFF remains, however, at significant risk of not achieving expectations and may even cause unintended and negative consequences. Perioperative nurses will, by being aware of the changes associated with PFF, be well positioned to serve as change participants and patient advocates by helping to ensure program successes do not occur at a cost to quality patient care.

Activity-based and patient-focused funding incentive programs have arrived in Canada's healthcare system.

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