

## **EXPRESSION OF INTEREST #2003-006**

**FOR**

### **PROVISION OF SPECIFIC SURGICAL SERVICES**

**JUNE 4<sup>TH</sup>, 2003**

Vancouver Coastal Health Authority

**Office/Courier Address:**

Richmond Health Services

Attn: Logistics Department

7000 Westminster Highway, Richmond, B.C. Canada V6X 1A2

**Mailing Address:**

Richmond Health Services

Attn: Logistics Department

7000 Westminster Highway, Richmond, B.C. Canada V6X 1A2

**Closing Date:**

Four copies by

July 3<sup>rd</sup>, 2003, 12:00noon PST

Reference EOI # on Delivery Package

**Contact:**

Susan Lam

Phone: 604-244-5146

Fax: 604-244-5193

Email: susan\_lam@rhss.bc.ca

**SUBMIT INQUIRIES IN WRITING TO THE CONTACT PERSON**

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# **1 INTRODUCTION**

Vancouver Coastal Health (VCH) is interested in improving services to patients by reducing wait times, increasing access and providing greater choice/satisfaction; increasing access to innovation and potentially achieving cost savings, while ensuring that the BC Ministry of Health is able to fulfill its obligation to protect the public interest and maintain compliance with the Canada Health Act.

This EOI deals with improving the delivery of publicly funded hospital outpatient services by private providers leasing unused physical space at RHS or at off-site private facilities.

EOI responses will be used to identify strategic market initiatives and infrastructures available within the private sector, and may act as a vendor pre-qualification strategy for subsequent contract negotiations resulting in a contract award or a competitive bid process with vendor(s) that meet the minimum requirements and able to deliver high evaluation scores as outlined within.

## **1.1 Participating Facility:**

This EOI pertains to the Richmond Health Services Delivery Area of Vancouver Coastal Health.

## **1.2 Current Surgical Operations**

**Cases by Service by Patient Type**  
**Periods 1 to 12 for 2002/2003**

<b>Service</b>	<b>Daycare</b>	
	<b>#</b>	<b>% of Total</b>
General Surgery	591	39%
OB/Gynecology	278	28%
Orthopedics	775	50%
Ophthalmology	834	100%
Urology	281	40%
ENT	298	73%
Plastics	132	66%
Totals	3,189	51%

## **2 TIMELINES AND PROCESS**

### **2.1 Dates**

- **JUNE 19, 2003** - Response Notification Form (RNF Appendix C) via Fax to 604-244-5193. Vendors who do not fax the RNF by the requested date may not receive any subsequent information and VCH assumes no responsibility for ensuring that Vendors receive all subsequent information.
- **JULY 3, 2003, 12:00 noon PST** EOI requested response due. Return responses may be made either in person or courier to the office/courier address on the title page. Responses should be clearly marked with the name and address of the vendor and EOI number. Faxed responses are not accepted.

### **2.2 Process**

This EOI is the first stage within a procurement process and is intended to pre-qualify vendor(s) to enter into a subsequent contracting process that may include contract negotiations (sole source and/or multiple sequential negotiations resulting in a contract award) or a competitive bid process. To determine pre-qualified vendors the EOI Evaluation Team Members will evaluate each response based on the information provided and will assign points per selection criteria for a total out of 100 points. The individual point weight breakdowns per the general section criteria headings are:

<b>SELECTION CRITERIA CATEGORIES</b>	<b>POINT WEIGHT</b>
1. <b>Corporate Strength</b> - Key attributes: Financial and Corporate stability, depth & breadth of Company, strategic fit, culture, vision, knowledge base, reputation, experience and synergy.	25 pts.
2. <b>Business Practices &amp; Model</b> - Key attributes: Innovation, accountability, diversity, financial & model viability, proactive, relationships, service levels and offerings.	35 pts.
3. <b>Product-Service and Quality</b> - Key attributes: benchmarking, best practices, quality driven, client focused and physical capabilities.	35 pts.
4. <b>Value Adds</b> - Key attributes	5 pts.

Any vendors that do not achieve 60% in categories 1-3 will be automatically disqualified without further consideration.

Only those vendors that achieve high evaluation scores will be considered as a pre-qualified preferred vendors to receive any subsequent competitive bid or enter into direct negotiations that may result in a contract award.

Responses will be evaluated by VCH-RHS and will be undertaken in accordance with this EOI.

## 2.3 Submission Guidelines

VCH seeks to identify parties with the resources, knowledge and competence to provide the services set out herein. It is important to demonstrate this in your EOI submissions. The following are key to doing so:

- Respondents shall be succinct in providing the requested information, without omitting important aspects or failing to portray their experience and the benefits they would bring to the services provided.
- VCH requests you respond in the same format contained within clearly referencing the corresponding EOI sections/questions accordingly.
- Any promotional material provided should be labeled and included as an appendix.

## 2.4 General Information

This EOI document is not a Request for Response (RFP) and is a non-binding document intended only to solicit information to pre-qualify vendors. Vendors should not respond with a lengthy solution or Response. VCH reserves the right at its sole discretion to determine a pre-qualified vendor, not proceed with the work, to proceed by way of competitive bid, to issue one or more further requests for information and/or EOI, or to negotiate/award a contract individually or multiple sequential negotiations with any qualified respondent to this EOI.

No vendor will acquire any legal rights or privileges whatever in relation to this EOI. All Vendors are responsible for their own expenses in preparing a response or any subsequent discussions with VCH.

Questions are to be submitted in writing to the contact person noted on the cover page. Information obtained from any other source is not official and may be inaccurate. Do not contact the "Participating Facility" or its employees. Inquiries and responses to same will be recorded and may be distributed to all vendors at the sole option of the VCH.

VCH complies with the Agreement on Internal Trade (AIT). All documents submitted to VCH become the property of VCH and are subject to the provisions of the Freedom of Information and Protection of Privacy Act.

Response information obtained may be shared with other Health Authorities and or facilities not listed within that may wish to use the information, at their sole discretion, in part or in its entirety without any further public competitive bid process. Further, any Health Authority using the results of this EOI may use any contracting process to award as may or may not be outlined within.

## 2.5 Pre-Bid Meeting

The pre-bid meeting will be scheduled and attendance is strongly advised. This meeting will provide a forum for additional information to be provided, as well as a detailed review of the sites.

All Vendor questions / inquiries to be addressed at this Pre-Bid meeting are to be directed, in writing, prior to 12:00 PM Pacific Time on June 11, 2003 to the designated person identified below:

Susan Lam

Project Manager

Shared Logistics

[Susan\\_lam@rhss.bc.ca](mailto:Susan_lam@rhss.bc.ca)

Email Subject Heading:       EOI # 2003-006 Pre-Bid Meeting Query

The Vendor will be responsible for all costs to attend the Pre-Bid meeting. Only those Vendors that submit a Response Notification Form (RNF Appendix C) attend the Pre-Bid meeting will be provided with any additional documentation, EOI amendments or information.

### PRE-BID MEETING TENTATIVE DATE:

Date:           June 18<sup>th</sup>, 2003

Location:       To Be Determined

### **3 SCOPE OF SERVICE**

- 3.1 This EOI applies to publicly funded patient services insured under the Canada Health Act and permitted under the Health and Social Services Delivery Improvement Act (Bill 29) to be delivered by private providers.
- 3.2 EOI responses may address one insured medically necessary surgical procedure, however, VCH prefer responses that address multiple surgical procedures.
- 3.3 This EOI does not apply to procedures that can be performed in physicians' offices and walk-in clinics and whose costs are covered through the physician's fee or tray fee, and health services not covered by the Canada Health Act (e.g. residential care, cosmetic surgery).
- 3.4 All patient service delivery must be consistent with the principles of the Canada Health Act and relevant provincial legislation.
- 3.5 Enhancing patient service delivery will benefit patients by: improving access to necessary services; providing choice; reducing costs.
- 3.6 Patient Service Delivery in private facilities will be provided under the same terms and conditions as services provided in public facilities with respect to all aspects of legislation, reporting requirements, quality reviews as well as safety standards and patient accessibility principles.
- 3.7 Service Specifications – Types of procedure and volumes (please refer to Appendix D).
- 3.8 Comply with BC Ministry of Health Planning “ Patient Service Delivery Framework Policy” (02/11/15).

### **4 VENDOR MINIMUM REQUIREMENTS**

Vendor responses are to meet and reference the following minimum requirements to receive further consideration by VCH. Vendor responses not clearly demonstrating and/or providing the following minimum requirement and/or information may receive no further consideration during the review process:

- 4.1 Experience
- 4.2 References
- 4.3 General Pricing information and/or financial model in relation to your response and solution.

- 4.4 Complete and submit Appendix B “Statement of Disclosure”. Sign and return this form even if you have nothing to disclose.

## **5 SUBMISSION REQUIREMENTS**

VCH is open to and invites innovative Vendor responses that support overall best value services to the Participating Facility in an effort to research operating efficiencies while maintaining service levels in relation to the scope of this EOI. Qualified interested parties are asked to include and reference the following information in their response:

- 5.1 Provide an Executive Summary of your response.
- 5.2 Provide your Company information:
- 5.2.1 Legal Name of organization.
  - 5.2.2 Current operating business name if different from legal name.
  - 5.2.3 Previous operating names if different.
  - 5.2.4 Legal Structure of Company i.e. corporation, partnership, registered, privately held/non reporting or publicly traded.
  - 5.2.5 Street & mailing address of head office and local office if different. Including the number of years the local office has been at this address.
  - 5.2.6 Number of years in business under the present business name.
  - 5.2.7 Name, title, phone, fax and email address of EOI contact person.
- 5.3 Please provide the site address(es) and a description of the physical facility where you will perform the service. Describe your patient catchment area.
- 5.4 List all professional affiliations and memberships that the Company maintains.
- 5.5 Provide the names of directors, officers, including any contractual or employment relationship with VCH and if a private or non-reporting company, the shareholders of the Company. Provide a biography of the directors and officers.
- 5.6 Key leaders must bring relevant experience. Provide detailed biographies of proposed leaders that would work with VCH.
- 5.7 Provide and describe any past, pending or threatening civil, governmental proceeding/investigations or legal proceedings within the past 5 years which the company or its directors or officers is or was party to.
- 5.8 VCH favours those relationships that are open and transparent. Describe the process you would use to report direct costs, margins, and overheads to support this guiding principle.
- 5.9 Describe how you would comply with the BC Ministry of Health Planning “Patient Service Delivery Framework Policy”.



- 5.10 Where financially appropriate, VCH would like to leverage existing relationships and contracts. Identify any limitations you may have to this concept.
- 5.11 The final solution to VCH may involve the services of multiple service providers. Provide examples of your willingness to participate in consortiums, joint ventures, co-management or any other collaborative approach to service delivery.
- 5.12 Describe how your organization is a leader in the health care industry.
- 5.13 Describe your willingness to work with other Health Authorities and/or facilities not named within.
- 5.14 Staff must be acknowledged as the most valuable resource. Describe the following:
- 5.14.1 How your business practice commits to this principle.
  - 5.14.2 Report your staff turnover rate and describe any retention strategy you have in place.
- 5.15 Demonstrate your capability to resource appropriately for a business of this magnitude. (Include your recruitment strategy. It is our expectation that your recruitment strategy will not negatively impact staffing levels at VCH.)
- 5.16 VCH promotes and favours sound Work Safe environment and practices. Describe and provide proof of such.
- 5.17 Describe and list the services your company is licensed to provide in British Columbia.
- 5.18 Describe and list the current operational permits, licenses and insurance policies required to conduct your business. List regulations, laws and regulatory body's that your operation must comply with in relation to your current service offerings. List any additional operational permits, licenses, insurance policies, regulatory approvals and the professional designation of all staff and their professional associations, such as the College of Physicians and Surgeons, Professional Nursing Association and ORNAC AORN that would be required to support your EOI solution and how these would be obtained.
- 5.19 Describe your general price information and/or financial model.
- 5.20 Provide a high level plan describing the transition of in-house surgical operations to your services in relation to the scope of this EOI. For example, key activities, timeframes and any other information that would be of value that ensures a smooth transition.
- 5.21 Describe your current and future growth capacity plans to support your customers.
- 5.22 Describe what is required from VCH and the direct recipient of your services in relation to your solution and services and associated risks.

- 5.23 Describe your customer service/conflict resolution policy and practices.
- 5.24 VCH supports performance based pricing models that ensures target outcomes and accountability. How does your Company support this principle that may address:
- Penalties for non-performance.
  - Bonuses for superior performance.
  - Capital replacement/facility renovation.
  - Contract term and renewals.
  - Other sharing benefits derived from innovation, improvements etc.
- 5.25 Our objective is to continuously reduce costs and continuously improve service levels.
- 5.25.1 Describe how your pricing model will accommodate both.
- 5.25.2 Describe how your services, business model, processes, and use of technology (equipment, management) will drive productivity improvements and cost reductions.
- 5.26 VCH has substantial investments within the current operations i.e. equipment, facilities etc. Describe and list equipment and facility requirements associated with your solution and options that addresses existing customer investments.
- 5.27 Describe how your organization works collaboratively with your customers and/or stakeholders to build best practices and continuous improvements.
- 5.28 Describe your internal quality standards and continuous improvement programs and practices. Provide samples of key performance measurements from both a financial and service quality perspective.
- 5.29 Failures and customer complaints make for better products and service. Provide examples of service failures (time or cost targets not achieved, cancelled contracts, etc.) that you have experienced. Be specific about the problem, remedy and process used to avoid repetition.
- 5.30 Describe your security, sanitation, risk management, supervision, training, staff conduct, environmental awareness, and promotional marketing practices.
- 5.31 Demonstrate service improvement for each of the following:
- Create additional clinical capacity.
  - Reduce wait times.
  - Provide access to new technologies.
  - Provide innovative mechanisms to improve access.
- 5.32 Scope of Service – Types & Volumes: Using Appendix D, outline the services you would consider performing. In addition, you may include other services not specifically identified.

## **APPENDIXES**

**APPENDIX A: PROFILES  
VCH FACILITIES (RICHMOND HEALTH SERVICES)**

**APPENDIX B: STATEMENT OF DISCLOSURE**

**APPENDIX C: RESPONSE NOTIFICATION FORM**

**APPENDIX D: DSD PROCEDURES  
FROM Apr 1/02 to Feb 27/03**

**APPENDIX E: MINISTRY OF HEALTH PLANNING:  
POLICY: PATIENT SERVICE DELIVERY POLICY FRAMEWORK**

## **APPENDIX A: PROFILES**

Vancouver Coastal Health (VCH) became a regional health authority on December 12<sup>th</sup>, 2001 by order of the Minister of Health Services (Ministerial Order No. M297) under the Health Authorities Act section 4(1). The VCH is responsible for planning, funding, coordinating, and providing a full spectrum of health care services within a large geographic boundary that includes North Shore, Coast Garibaldi, Vancouver, Richmond, Sea to Sky and Bella Bella/Coola and works closely with Providence Health Care (PHC).

Providence Health Care is the largest Catholic-operated health care organization in Canada and maintains 900 residential beds, and is an affiliate of VCHA. Providence is home to the Provincial Heart Centre, the Provincial Renal Agency, the BC Centre for Excellence in HIV/AIDS, the Canadian HIV Trials Network, the Centre for Health Evaluation and Outcome Sciences, the Provincial Eating Disorders Program, and Dr. Peter Centre. There are approximately 6,000 staff, 1,200 physicians and over 25,000 patients are admitted every year. Providence's emergency departments received over 72,000 visits every year and over 170,000 outpatient clinic visits every year.

VCH is the largest health provider in Canada:

- serves 11 communities with a population in excess of one million;
- projected growth rate of 10% in the next decade;
- annual budget \$1.9 billion;
- 12 acute hospitals;
- 2 urgent care centres;
- employees total approximately 25,000;
- over 9000 acute, rehab and residential care beds, and
- over 300 contracted agencies.

Further details can be accessed through the VCH website: [www.vancoastalhealth.ca](http://www.vancoastalhealth.ca) and PHC website: [www.providencehealthcare.org](http://www.providencehealthcare.org)

### **RICHMOND HEALTH SERVICE (RHS)**

- The Richmond Hospital, located at 7000 Westminster Hwy, Richmond, BC is the acute treatment site of RHS. There are 176 active beds per month on average. The ER is 24/7 operations with approx. 40,000 ER visits in 2002/2003.
- The number of surgical cases 2002/03 – Daycare and Inpatient:
  - 2001/02 – 7,144
  - 2002/03 – 6,202 (Physician Job Action)

**APPENDIX B: STATEMENT OF DISCLOSURE**

**I. Funding: Complete and return this form even if you nothing to disclose.**

Complete the following funding disclosure form to disclose any funding support and / or financial contribution provided to VCH, Participating Facilities, employees or any other individual for the past 5 years.

Vendors are not limited to the following types of funding and should include within their Proposal any additional types of funding not listed referencing Appendix B.

**For the Period from:** \_\_\_\_\_ **to** \_\_\_\_\_

TYPE OF FUNDING SUPPORT	SITE OR LOCATION	DEPARTMENT	RECIPIENT	MARKET VALUE
Equipment				
Seminars				
Travel				
Supplies				
Educational Support				
Research Support				
<ul style="list-style-type: none"> <li>• Drug Trials</li> <li>• Projects</li> <li>• Publications</li> <li>• Other</li> </ul>				
Major Donations				
Other Funding (specify)				
Corporate Agreement				
<b>TOTAL</b>				

**II. Affiliations and Associations**

Include the following information in your response attached to or referencing Appendix B:

- 1) Any affiliation, whether legal or financial, with any other entity which is in the business of providing the same type of goods or services which are the subject of this EOI;
- 2) Whether the Vendor is competing for this EOI with any entity with which it is legally or financially associated;
- 3) Vendor employees and consultants that would work on the proposed project and their family members that are employees or consultants of VCH.
- 4) Disclose any current or past corporate or other interest which may give rise to a conflict of interest (either actual or potential) in connection with the services and the facilities referred to in the EOI.

*We comply with the above requests within Appendix B and have included/disclosed all related information. We understand that failure to disclose the above information may result in rejection of your EOI response and related outcomes.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Print Company name

\_\_\_\_\_  
Date

**APPENDIX C: RESPONSE NOTIFICATION FORM**

**EOI Number:** 2003-006  
**EOI Name:** Expression of Interest for Provision of Specific Surgical Services

This notice acknowledges your Company's intent to respond to this EOI. To receive any amendments or further information fax this form by, **JUNE 19, 2003** to FAX 604-244-5193:

**Attention Authorized Contact:**  
Susan Lam

**Office/Courier Address:**  
Richmond Health Services  
Attn: Logistics Department  
7000 Westminster Highway, Richmond, B.C. Canada V6X 1A2

**Mailing Address:**  
Same as above

Vendor Details:  
Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Email: \_\_\_\_\_

- WE WILL BE RESPONDING TO THIS EOI.  
Unless it can be sent by fax, further correspondence about this EOI should be sent by:  
 COURIER – COLLECT (provide your courier's name, phone #, and account #)

\_\_\_\_\_  
Signature Title Date

**APPENDIX D: DSD PROCEDURES FROM APR 1/ 02 TO FEB 27/03**

<b>Service</b>	<b>Number Performed</b>	<b>Procedure Description</b>
<b>EN</b>		
	68	SEPTOPLASTY
	42	MYRINGOTOMY WITH TUBES
	30	MICROLARYNGOSCOPY
	23	SEPTORHINOPLASTY
	19	SEPTOPLASTY &
THMOID-POLYPEC		
	18	ET14MOIDECTOMY
	14	TYMPANOPLASTY
	9	ADENOIDECTOMY
	9	NECK EXCISION OF CYST/MASS
	8	RHINOPLASTY
	4	NASAL POLYPECTOMY
	3	SEPTOPLASTY & NASAL
REFRACTUR		
	3	OTOPLASTY
	3	BLEPHAROPLASTY
	3	MASTOIDECTOMY
	3	NASAL ENDOSCOPY
	2	NASOPHARYNGOSCOPY & BIOPSY
	2	NECK NODE DISSECTION
	2	TONSILLECTOMY
	2	EAR REMOVAL FOREIGN BODY
	2	MOUTH EXCISION CYST / LESION
	1	ANTROSTOMY
	1	AURICULAR CYST EXCISION
	1	TONSILLECTOMY & ADENOIDECTOMY
	1	SUBMANDIBULAR GLAND RESECTION
	1	TONGUE LYSIS OF TIE
	1	NASAL HEMORRHAGE CONTROL
	1	NASOPHARYNGOSCOPY

1 TONGUE/MOUTH BIOPSY



Service	Number Performed	Procedure Description
	1	EAR EXCISION CYST / LESION
	1	LARYNGOSCOPY DIRECT
	1	NOSE EXCISION CYST/ LESION
	1	OSSICLES RECONSTRUCTION
	1	SEPTOPLASTY & ETHMOIDECTOMY
GS		
	133	BREAST BIOPSY
	96	HERNIA REPAIR INGUINAL
	33	HEMORRHOIDECTOMY
	23	BREAST MASTECTOMY, SIMPLE
	16	ANAL FISTULECTOMY
	14	HERNIA REPAIR UMBILICAL
	13	PILONIDAL CYST EXCISION
	6	HERNIA REPAIR INCISIONAL
	4	BREAST MASTECTOMY & AXILL DIS
	3	SPHINCTEROTOMY
	3	LYMPH NODE BIOPSY/EXCISION
	2	RECTAL EUA
	2	BREAST MASTECTOMY, RADICAL
	2	RECTAL POLYP BIOPSY EXCISION
	2	ANAL FISSURECTOMY
	2	LIPOMA EXCISION
	2	HERNIA REPAIR VENTRAL
	2	ANAL/PERIANAL COND. EXC.-GEN
	2	AXILLARY NODE DISSECTION
	2	HERNIA REPAIR FEMORAL
	2	BREAST LUMPECTOMY/SEG. RESECT
	1	SKIN LESION EXCISION
	1	MASS EXCISION
	1	RECTAL ABSCESS I & D
	1	ABSCESS INCISION & DRAINAGE
	1	RECTAL PROLAPSE REPAIR

Service	Number Performed	Procedure Description
	1	CHOLECYSTECTOMY, LAP /C O.C.
	I	CHOLECYSTECTOMY, LAPAROSCOPIC
	I	ABDOMEN ABSCESS INC & DRAINAG
	I	CYSTOSCOPY
	1	LAP DIAGNOSTIC POSS OPEN APPS
	I	GANGLION EXCISION/REPAIR
	I	BRANCHIAL CYST EXCISION
	1	APPENDECTOMY
GY		
	86	HYSTEROSCOPY DIAGNOSTIC
	51	D & C, DIAGNOSTIC
	42	CERVIX CONE BIOPSY
	21	LAPAROSCOPY DIAGNOSTIC
	13	D & C, UTERINE ABLATION
	12	LAPAROSCOPIC TUBAL LIGATION
	1 I	LAP D&C STERILIZATION
	9	LAPAROSCOPY D&C HYDROTUBATION
	7	LAPAROSCOPY D & C
	4	PERINEUM VULVA LABIA BIOPSY E
	2	VAGINAL BIOPSY
	2	LAPAROSCOPY OVARIAN CYSTECTOM
	2	IUD, INSERTION/REMOVAL, D&C
	2	D & C, SUCTION
	2	CERVICAL POLYP EXCISION
	2	CONDYLOMATA EXCISION
	2	ABDOMINAL TUBAL LIGATION
	2	BARTHOLIN CYST MARSUPIALIZAT
	I	MYOMECTOMY VAGINAL
	i	LAPAROSCOPY OPERATIVE
	1	LAPAROSCOPIC LYSIS ADHESIONS
	I	VAGINAL HYSTERECTOMY, TOTAL

<b>Service</b>	<b>Number Performed</b>	<b>Procedure Description</b>
ME	3	SIGMOIDOSCOPY
OB	1	PELVIC ABCESS INC & DRAINAGE
	1	EPISIOTOMY/ EPISIORRHAPHY
OP		
	813	CATARACT EXTRACTION WITH IOL
	9	SQUINT ADJUSTABLE SUTURE
	4	SQUINT REPAIR/RESECT/RECESSIO
	4	PTERYGIUM EXCISION
	I	EYE FOREIGN BODY REMOVAL
	1	ENTROPION REPAIR
	1	ECTROPION REPAIR
	I	CHALAZION EXCISION
OR		
	506	KNEE ARTHROSCOPY DIAGNOSTIC
	60	PLATE AND SCREW REMOVAL
	30	KNEE ARTHROSCOPY MEN REPAIR
	27	KNEE ANT CRUCIATE LIG ARTHROS
	20	FOOT MORTON'S NEUROMA EXCISIO
	13	DEBRIDEMENT
	12	KNEE ACL ARTHR /C GRAFDC SCRE
	11	FOOT CHEVRON OSTEOTOMY
	9	FOOT BUNIONECTOMY
	7	CARPAL TUNNEL RELEASE
	7	HAND/WRIST GANGLION REMOVAL
	7	TRIGGER FINGER RELEASE
	5	WRIST ORIF
	4	SHOULDER ACROMIOPLASTY
	4	SMALL JOINT FUSION
	4	TOE HAMMERTOES REPAIR
	3	KNEE MANIPULATION
	3	BAKER'S CYST EXCISION

<b>Service</b>	<b>Number Performed</b>	<b>Procedure Description</b>
	3	TENDON REPAIR MINOR
	2	ELBOW TENDON OR NERVE TRANSFE
	2	ANKLE ARTHROTOMY
	2	KNEE ARTHROSCOPY BILATERAL
	2	KNEE ARTHROSCOPY LAT RELEASE
	2	CLAVICLE EXCISION
	2	ELBOW ARTHROSCOPY
	2	HIP NAIL REMOVAL DHS/DCS
	1	KNEE TOTAL ARTHROPL ADVANCE
	1	METATARSAL OSTEOTOMY
	1	OLECRANON BURSAE EXCISION
	1	QUADRICEP TENDON REPAIR
	1	TENNIS ELBOW RELEASE
	1	OSTEOCHONDROMA EXC. FIBULA
	1	TIBIAL INTRAMED UNR NAIL EXT
	1	TOE ARTHRODESIS
	1	TOE SWANSON ARTHROPLASTY
	1	CLAVICLE, OPEN REDUCTION
	1	SHOULDER EUA
	1	BONE SPUR EXCISION
	1	ACHILLES TENDON REPAIR
	1	SHOULDER AC JOINT REPAIR
	1	IM NAIL REMOVAL
	1	ANKLE RECONSTRUCTION LIGAMENT
	1	ELBOW ORIF
	1	ANKLE ARTHROSCOPY
	1	FOOT ARTHROPLASTY
	1	HEEL OPEN REDUCTION OS CALCIS
	1	FEMUR INTRAMEDULLARY NAIL EXT
	1	FINGER ORIF
	1	FOOT ORIF
	1	ELBOW ULNAR NERVE RELEASE

Service	Number Performed	Procedure Description	
PL	1	ANKLE ORIF	
	34	SKIN LESION EXCISION/RESECTIO	
	22	CARPAL TUNNEL RELEASE	
	14	GANGLION EXCISION/REPAIR	
	9	BLEPHAROPLASTY	
	7	PALMAR FASCIECTOMY	
	6	TRIGGER FINGER RELEASE	
	4	FASCIOTOMY	
	4	TENDON REL BOUTONNIERE DEFORM	
	4	FINGER TENDON OR NERVE REPAIR	
	3	HAND BURSA EXCISION	
	3	BREAST CAPSULOTOMY	
	3	BASAL CELL CA, EXCISION	
	2	FINGER ARTHRODESIS/ARTHTLAST	
	2	OTOPLASTY	
	2	RHINOPLASTY	
	2	TENDON REL DEQUERVAINS CONTRA	
	I	SKIN GRAFT SPLIT THICKNESS	
	I	SCARS) REVISION	
	I	LIPECTOMY AXILLARY SUCTION	
	1	HAND TENOSYNOVECTOMY	
	I	DEBRIDEMENT /C FLAP	
	I	BREAST RECONSTRUCTION, AREOLA	
	1	BREAST MAMMOPLASTY,REDUCTION	
	I	BREAST IMPLANT REMOVAL	
	I	BREAST IMPLANT EXCHANGE	
	I	MASTOPEXY	
	I	SKIN GRAFT FULL THICKNESS	
	UR	54	CYSTOSCOPY TURBT
		48	CIRCUMCISION

<b>Service</b>	<b>Number Performed</b>	<b>Procedure Description</b>
	22	CYSTOSCOPY & RETRO PYELOGRAM
	19	LASER URETERAL STONE
	13	HYDROCELECTOMY
	12	CYSTOSCOPY
	11	CYSTOSCOPY BLADDER BIOPSY
	11	CYSTO URETERORENOSCOPY RIGID
	10	CYSTOSCOPY VIS URETHROTOMY
	9	CYSTO INSERT URETERAL STENT
	7	ORCHIDECTOMY
	7	SPERMATOCELECTOMY
	6	CYSTOSCOPY BLADDER FULGURATIO
	6	CYSTOSCOPY REMOVAL OF STENT
	6	LASER BLADDER STONE
	4	CYSTOSCOPY DILATATION URETHRA
	4	CYSTO TRANSURETHRAL LITHOPAXY
	3	CYSTOSCOPY STONE MANIPULATION
	3	VASECTOMY
	3	ORCHIOPEXY
	3	CYSTO EHL URETERAL STONE
	2	CYSTO URETERORENOSCOPY FLEX
	2	NESBITT ELLIPSES PROCEDURE
	2	CYSTO TRANSURET PROSTATECTOMY
	2	CYSTOSCOPY BIOPSY PROSTATE
	2	EPIDIDYECTOMY
	1	URETHROPLASTY-STAGE 1
	1	VARICOCELECTOMY
	1	URETEROPLASTY
	1	VASECTOMY MICROSCOPIC REVERSA
	1	TESTICULAR PROSTHESIS INSERT
	1	PENIS REL PREPUTIAL ADHESIONS
	1	CYSTOSCOPY DILATATION URETER

1 CYSTOSCOPY BLADDER DILATATION

<b>Service</b>	<b>Number Performed</b>	<b>Procedure Description</b>
	I	CYSTO URETERAL FULGURATION
	I	SCROTUM EXPLORATION
VA	39	PACEMAKER INSERTION
	38	VEIN LIGATION AND STRIPPING
	22	PACEMAKER GENERATOR CHANGE
	8	PORTACATH INSERTION
	2	PACEMAKER REPOSITION LEAD
	2	TOE AMPUTATION
	I	BRACHIAL ARTERY REPAIR
	I	EXT EMBOVTHROMBECTOMY
	I	FOOT AMPUTATION

**APPENDIX E**

**BRITISH  
COLUMBIA**

**MINISTRY OF  
HEALTH PLANNING**

**POLICY COMMUNIQUE**

TO: All Health Authorities

TRANSMITTAL DATE:

COMMUNIQUE *To be Provided by Program Issues and Resolutions*

NUMBER:

**SUBJECT: Patient service delivery policy framework**

DETAILS: *Policy framework for private sector delivery of  
outpatient hospital services*

EFFECTIVE DATE:

ENABLING *Canada Health Act*

LEGISLATION: *Hospital Insurance Act  
Medicare Protection Act*

MINISTRY Heather Davidson

CONTACT: Strategic Policy and Research

Penny Ballem, MD  
Deputy Minister  
Ministries of Health Services and Health Planning



## PATIENT SERVICE DELIVERY POLICY

### Purpose of the policy framework:

The purpose of this policy framework is to improve services to patients (reduced wait times, increased access, greater choice/satisfaction), increase access to innovation and potentially achieve cost savings, while ensuring that government is able to fulfill its obligation to protect the public interest and maintain compliance with the *Canada Health Act*.

This policy deals with enhancing patient service delivery through delivery of publicly funded hospital outpatient services by private providers (henceforth, this will be referred to as 'patient service delivery'). Private sector involvement in the delivery of health care is not new. Insured medical and hospital services are currently provided in British Columbia through a mix of public (public hospitals), not-for-profit (denominational hospitals), independent contractors (fee for-service physicians), and for-profit (community laboratories) providers.

The patient service delivery policy stems from the government's New Era commitments to "focus finding on patient care, by reducing waste in the system and eliminating administrative duplication and costs from provincial government mismanagement," and "fulfill B.C.'s obligations under the *Canada Health Act* to properly fund and provide access to all medically necessary services" (New Era, page 23).

### Scope:

- This policy framework applies to publicly funded patient services insured under the *Canada Health Act* and permitted under the *Health and Social Services Delivery Improvement Act* (Bill 29) to be delivered by private providers.
- This includes:
  - o Insured medically necessary medical and surgical services provided in both hospital and non-hospital facilities;
  - o Insured services provided in diagnostic facilities not currently included under the MSP Diagnostic Accreditation Program (e.g. MRIs, PET scans); and
  - o Insured services provided in special purpose community treatment facilities that are not covered under the *Community Care Facilities Act* (e.g. birthing centres, sleep clinics).

This does not apply to:

- o Procedures that can be performed in physicians' offices and walk-in clinics and whose costs are covered through the physician's fee and/or tray fee; and
- o Non-clinical services (e.g., laundry); and
- o Health services not covered by the *Canada Health Act*, (e.g., residential care, cosmetic surgery).

## **Objectives in expanding the role of the private sector:**

- Improve patient access to necessary care.
- Enhance choice within the health authority on where services may be received.
- Realize the benefits of competition in the public system to improve efficiency and contain costs.
- Maintain a sustainable public health care system through improved access to innovation and efficiencies.

## **Principles:**

- All patient service delivery arrangements must be consistent with the principles of the *Canada Health Act* and relevant provincial legislation.
- Enhancing patient service delivery will benefit patients by any of the following: improving access to necessary services; improving quality and choice; reducing costs.
- Patient service delivery in private facilities will be provided under the same terms and conditions as services provided in public facilities with respect to all aspects of legislation, reporting requirements, quality, as well as safety standards and patient accessibility principles.

## **Roles and Responsibilities:**

### MINISTRY OF HEALTH PLANNING

- Establish legislative and policy framework for patient service delivery.

### MINISTRY OF HEALTH SERVICES

- Develop policy and reporting requirements related to patient service delivery, and incorporate these expectations into health authority performance contracts.
- Monitor and report on volume, scope, costs, performance and impacts of services provided through patient service delivery contracts province-wide.
- Work with health authorities, as appropriate, to develop tools to support implementation of policy (e.g., contract provisions, costing methods and benchmarks).

### HEALTH AUTHORITIES

- Determine which services will be delivered via patient service delivery contracts and establish service specifications (price, volume, quality).
- Ensure no negative impact related to the health human resources requirements of the broader public system.
- Tender and negotiate contracts with providers.
- Fund contracts with private providers out of existing budgets and in accordance with performance agreements.

- Develop referral process, including patient selection criteria, waitlist prioritization, follow-up guidelines, etc.
- Ensure appropriate credentialing of medical staff in private facilities as part of health authority medical staff structure.
- Monitor contracts and outcomes to ensure consistency with performance expectations.
- Collect information from private providers on services provided in accordance with reporting requirements expected of public sector providers (e.g., CIHI reports).
- Meet reporting requirements established by the Ministry.

#### MEDICAL SERVICES COMMISSION

- Establish, monitor, and enforce policies regarding permissible charges for non-medical goods and services provided in relation to insured medical services and for enhanced services (e.g., material upgrades for implanted devices such as foldable lenses during cataract surgery) in private facilities.
- Fund physician services.

#### COLLEGE OF PHYSICIANS AND SURGEONS

- Accredite non-hospital facilities.
- Establish and enforce rules pertaining to standards of medical care in non-hospital facilities.

#### PRIVATE FACILITY OWNERS AND PROVIDERS WORKING IN PRIVATE FACILITIES

- Provide services as specified in the contract and in accordance with legislative requirements. Report on procedures and outcomes according to any reporting requirements of health authority or other bodies.
- Ensure the facility is accredited by the College of Physicians and Surgeons.
- Ensure physicians are credentialed within the health authority medical staff structures.

### **Criteria for patient service delivery contracts:**

#### **Public Benefit**

- Consistent with the principles of the Canada *Health Act* and relevant provincial legislation;
- Meet an essential medical need in the population, consistent with priorities established in health authority service plan;
- Meet current expectations for quality and patient safety in public facilities;
- Do not have an adverse impact on the publicly funded and publicly administered health system; and
- Provide demonstrable service improvements by any of the following: creating additional clinical capacity; reducing wait times; providing access to new technologies; providing innovative mechanisms to improve access.

- **Value for Money**

- o Fair and open tendering processes. used to select patient service providers;
- o Rigorous economic appraisal techniques used to compare full costs of contractual arrangement versus providing services in public sector; and
- o Appropriate risk assessment and contract management strategies in place.

Accountability

- o Performance monitoring, audit, and reporting standards established by the health authority, in accordance with provincial requirements;
- o Services provided through patient service delivery contracts will be tracked and reported on in a manner consistent with those provided in public facilities;
- o Services provided through patient service delivery contracts will remain the responsibility of the health authority; and
- o There will be easily accessible and transparent patient complaint processes.

**Health authority requirements:**

- **Business Case**

There must be a business case setting out rationale for patient service delivery arrangements. Business cases must demonstrate:

- o Scope and volume of services to be delivered through contract;
- o Need for service;
- o Historical and projected service volumes for contracted service;
- o Population utilization rates;
- o Current and proposed patterns of service delivery (e.g., inpatient/outpatient/physicians' offices);
- o Priority of service in health authority service plan;
- o Cost-benefit analysis using methodology that can be independently verified;
- o Risk assessment;
- o Expected impact on access,
- o Current and projected waitlists/times for contracted services;
- o Overall service capacity/surgical throughput;
- o Contingency plan for providing service in the event a private provider is unable to meet the terms of the contract;
- o Health human resource management plan to ensure that the health workforce available in public facilities continues to be able to deliver services.

- **Contract**

- o Health authorities must follow Ministry of Health Services/Ministry of Finance procurement policy to ensure open and competitive tendering process is used.
- o Contracts with private providers must address requirements specified in Appendix A.

## Policy Requirements:

Health authorities must establish policies for patient services delivered by private provider facilities addressing:

- Conflict of interest;
- Sale of non-medical goods and services, enhancing medical services, provision of uninsured services with insured services;
- Waitlist management, including requirement that referrals to private providers be managed by health authority;
- Patient complaint process and reporting;
- Critical incident reporting and management plan including emergency transfer to public facility;
- Transmission of necessary diagnostic, treatment, and care information to those responsible for ongoing care;
- Continuity of care standards and expectations;
- Performance monitoring;
- Records management and *Freedom of Information and Protection of Privacy Act*.

## Contract Monitoring and Reporting Requirements:

- Health Authorities (HA) are ultimately responsible for ensuring publicly funded patient services by private-providers are reported to the Ministries of Health Services/Planning in accordance with the *Acute Care Policy Manual*, section 5.3.1 (Hospital Policy, Information Management, Health Information Data Reporting). Data must be reported at both the individual patient specific and organizational level. Data should be submitted as part of the regular periodic Health Authority reporting to the Ministry of Health Services.
- Clinical patient abstracts of a private provider facility patient records shall adhere to the Canadian Coding Sourcebook published by the Canadian Institute for Health Information. The abstract records shall identify the hospital or Health Authority contracting and the private provider facility delivering the patient service using a unique health care provider number. These identification numbers are published in the Coding Sourcebook, or available from the Information Support Division, Corporate Funding and Analysis, Ministry of Health Services. Medical Services Plan (MSP) should also use location identifiers.
- Organizational reporting will follow the national MIS guidelines; expenditure and workload activity must be assigned to the relevant functional or cost centre that is responsible for the management of the activity. The appropriate account codes to be used are published in the B.C. Financial and Statistical Chart of MIS Accounts - these are available from Information Support Division, Corporate Funding and Analysis, Ministry of Health Services.

Publicly funded patient services delivered by private providers remain the responsibility of the health authority and they must ensure:

- o Patient services are provided in accordance with the requirements of the *Canada Health Act* and relevant provincial legislation;
- o Patient service delivery arrangements continue to make sense on a business case basis and there is ongoing risk identification and monitoring; and that
- o Patient service delivery arrangements work to benefit patients.

## Appendix A

Contracts with providers must include provisions addressing the following:

- Service specifications (type of service [service codes] being purchased, volume of service being purchased per week or month);
- Total cost per service and funding ceilings;
- Details of ownership and control of business decisions in private facility, including provisions regarding transfer of ownership;
- Location where services to be provided;
- Duration of contract;
- Requirement that private facilities:
  - Be accredited by the College of Physicians and Surgeons as non-hospital medical or surgical facility;
  - Have quality assurance process in place that meets standard of practice in region;
  - Comply with health authority policy (see below);
  - Comply with the relevant provincial and federal legislation; and
  - Have sufficient insurance;
- Requirement that health professionals working in private facilities be licensed in good standing with the appropriate professional college;
- Requirement that physicians working in private facilities be a member of the Regional Medical Staff (or on contract with health authority);
- Performance measures (e.g., mortality rates, complication rates, wait times) and reporting mechanism;
- Right for health authority to inspect or audit facility, equipment, personnel and records with respect to monitoring of contract;
- Indemnification of health authority from liability for patient care;
- Reporting requirements;
- Penalties for interruption of services; and
- Non-expropriation provisions.

