

Ontario Surgical Quality Improvement Network Update

Issue 27, Spring 2023

71% of ON-SQIN hospitals have submitted a Surgical Quality Improvement Plan for 2023/24

Issue 27, Spring 2023	1
Community of Practice Highlights	1
January 2023 NSQIP-Ontario Semi-Annual Report (released March 2023)	1
Contributor Shout-Out.....	1
<i>Cut the Carbon: Reducing Surgical Waste</i> Campaign.....	1
Have You Been Paying Attention?.....	2
Feature: Creating a Culture of QI	2
Upcoming Events	3

Community of Practice Highlights

January 2023 NSQIP-Ontario Semi-Annual Report (released March 2023)

This semi-annual report (SAR) includes risk-adjusted data for surgeries that occurred between July 2021 and June 2022. We are pleased to report that colorectal surgical site infection (SSI) rates, vascular mortality rates, and vascular morbidity rates have decreased. There is, however, an opportunity for improvement, especially in some of the indicators addressed in our *Enhancing Surgical Recovery* campaign such as post-surgical pneumonia and venous thromboembolism (VTE).

Congratulations to the hospitals who ranked in the top five for the lowest rates of post-operative SSI in the January 2023 NSQIP-Ontario SAR: 1) Oak Valley Health; 2) Lakeridge Health; 3) Cambridge Memorial Hospital; 4) North York General Hospital; and 5) Hamilton General Hospital.

Contributor Shout-Out

This month we applaud **Melanie Dubrueil**, Quality Improvement Coordinator at The Ottawa Hospital. Melanie has been instrumental in developing the breakout agenda and logistics for the upcoming Ontario Surgical Quality Meeting on Friday June 2, including creating an informative and appealing poster for the event that can be found on [Quorum](#).

To find out more about the event and to register contact ONSQIN@ontariohealth.ca

Cut the Carbon: Reducing Surgical Waste Campaign

“The antidote for eco- anxiety is eco-action.”

*—Husein Moloo, The Ottawa Hospital**

Our *Cut the Carbon: Reducing Surgical Waste* campaign is well underway, and teams have enthusiastically started implementing carbon-reducing initiatives. This year teams have committed to reducing carbon by implementing at least one of the following change ideas:

1. Patients bring their own reusable garment bag to their procedure
2. Patients use reusable drinking containers peri-operatively for medication or water
3. Patients receive non-desflurane anesthesia
4. Custom packs are optimized for the surgical procedure
5. Surgeons don reusable surgical gowns

At our last *Cut the Carbon* working group meeting, anesthesiologist **Melissa Ho** shared the benefits for the patient and the environment by substituting sevoflurane for desflurane in most cases. This and past presentations, as well as implementation resources including project charters for the 5 campaign change ideas, can be found on [Quorum](#).

Have You Been Paying Attention?

According to [Creating a Sustainable Canadian Health System in a Climate Crisis \(CASCADES\)](#), operating rooms can generate up to how much of a hospital's total waste?

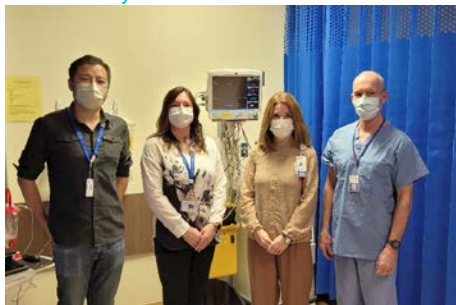
Let us know your answer on [Quorum](#). The first 3 correct responders will be mentioned in our next edition.

**Listen to the latest Surgical 411 Podcast with Dr. Moloo on [Quorum](#).*

Feature: Creating a Culture of QI

Creating a culture of continuous quality improvement is key to improving and sustaining patient outcomes. ON-SQIN began in 2016 and since joining the network London Health Sciences has reduced their urinary tract infection (UTI) rates by a whopping 53%. Oak Valley Health has similarly reduced SSIs by 30%. This issue shares their stories.

Oak Valley Health



Dr Simon Yang, MD, FRCSC – Surgical Champion; Lisa McLean, MN, BScN, RN, CMSN(C) – Surgical Clinical Reviewer; Erin Landry, BScN, MS in Leadership, Director of Surgery; Dr Steve McMahon, MD, FRCSC – Chief of Surgery

At Oak Valley Health, we are proud of our successes in reducing surgical site infections (SSIs) by 30%. Our team members in the surgical system work together, and one of the key factors to our success is our positive culture. Our organization defines culture as a set of shared values, goals, and attitudes. Our surgical system relies on the culture we have built over the years. We have a community of leaders and influencers, and share values to reach our targeted goals. Our working group members are multidisciplinary and feel safe in sharing their ideas to encourage group cohesion.

All our team members want to do meaningful work and feel valued and respected. Priority is placed on constructive interpersonal relationships and collaboration. Quality performance is valued, and we set realistic goals, (e.g., 20% reduction in SSI in alignment with the collaborative goal), with established plans to reach these goals and to pursue them with enthusiasm."

—Lisa McLean, Surgical Clinical Reviewer

London Health Sciences Centre – University Site

Culture change is the secret sauce for any quality improvement campaign because culture eats strategy every time. Cultural transformation can only occur through setting priorities, diligence, and hard work. It requires the engagement of all stakeholders; consistent explanation about why an issue requires attention; emphasis on patient-centered outcomes; and transparency regardless of the outcome. Efforts must be grassroots and owned by providers. When impact is achieved, no matter how small, it must be shared and celebrated. Once success is demonstrated, expansion and infiltration to spread interventions must occur. We use discussions on cost to drive interest but never use it as our primary endpoint ("Decreased cost is the happy byproduct of quality improvement!").

"Culture change is the secret sauce for any quality improvement campaign."

We remind all surgeons that in a Quality-Based Procedure world, meeting and exceeding prescribed hospital stays allow us to try to stay on the black side of the balance sheet. Being in the black encourages administration to reward providers with more resources. These discussions lead all stakeholders to one conclusion: Best possible patient experience is best for the patient,

provider, and payer! When everyone reaches these conclusions, hospital culture is transformed, and value becomes the centre of all conversations and issues like catheter-acquired UTIs become issues that command attention.

—Dr. Patrick Colquhoun, Surgeon Champion

Upcoming Events

- **Surgical Clinical Reviewer meetings:** June 15/23 and July 20/23 at 12 p.m.
- **Surgeon Champion meetings:** May 23/23 and June 27/23 at 7 a.m.
- **Ontario Surgical Quality Spring Meeting:** June 2/23 at 8 a.m.
- **Neurosurgery Collaborative Meeting:** May 26/23 and June 23/23 at 12pm.
- **Cut the Carbon Working Group:** June 16/23 and July/21/23 at 12 p.m.
- **Canadian Pediatric Collaborative of NSQIP meeting:** June 9/23 at 12 p.m.
- **ACS Quality and Safety Conference:** July 10-13/23
- **Release of the next ON-SQIN Update:** August 2023

Please email us at ONSQIN@OntarioHealth.ca to share your hospital's work in the next update.

To learn more about ON-SQIN and how you can get involved, please visit our website [visit our website](#) or contact ONSQIN@OntarioHealth.ca. Past issues of these updates can be found [here](#).