

A woman with curly hair and glasses, wearing a blue lab coat, is looking down at a patient's arm. The background is a blurred clinical setting.

# Ontario Surgical Quality Improvement Network Update

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# Ontario Surgical Quality Improvement Network Update, Summer 2023

66% of surgeries in Ontario are performed in an ON-SQIN hospital

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## Community of Practice Highlights

### 2023 ACS Quality and Safety Conference

**David Smith** (surgeon champion, North York General Hospital) and **Kiranjit Dhaliwal** (surgical clinical reviewer, North York General Hospital) attended the conference, which took place in Minneapolis from July 10 to 13.



David Smith, left, and Kiranjit Dhaliwal, right.

They shared that the conference afforded several opportunities to highlight how ON-SQIN, CASCADES ([Creating a Sustainable Canadian Health System in a Climate Crisis](#)), and local NSQIP teams are leading the sustainability agenda:

- **Tim Jackson's** (surgeon, ON-SQIN clinical lead, University Health Network) talk, **A Collaborative Approach to Sustainable Perioperative Care**, emphasized how using collaborative campaigns to shift sustainable health care conversations into province-wide sustainable healthcare action was very well received
- **Sarah Ward's** (surgeon, Unity Health) abstract **A Practical Guideline for Improving the Environmental Sustainability of Operating Rooms**

was recognized as the best in the *Efficiency and Value* session

- **Kiranjit Dhaliwal's** poster, about North York General's Bring Your Own Reusable Bag quality improvement project, was selected by attendees as the best poster at the conference!

If your team presented an abstract, we want to hear from you! Let us know at [ONSQIN@ontariohealth.ca](mailto:ONSQIN@ontariohealth.ca), and we will post it in Quorum and share it at the next meeting.

### Surgical Site Infection Prevention – Beyond Surgery

The most recent episode of *Surgical 411* featured **Jillian Brooke** (senior director, Occupational Health, Wellness, Safety and Integration, St Elizabeth Health) and **Dr. David Keast** (president, World Alliance for Wound and Lymphedema Care; director, Canadian Lymphedema Framework) discussing the importance of preventing surgical site infections (SSIs) after surgery, particularly when patients return home. **Jillian** remarked:

*In the community setting, communication and collaboration with surgeons, primary care physicians, and other key members of the health care team is essential to optimizing outcomes and ensuring timely response and action when concerns are identified. Surgical wounds present additional complexity for community management when faced with complications, particularly related to potential gaps in information regarding the specific procedure and/or follow up direction. Therefore, information related to the most responsible physician, and timely collaboration, is imperative to reduce delayed intervention. St Elizabeth Health's engagement in the Ontario Health SSI Quality Standard development facilitated recognition of potential challenges, to inform key components related to*

communication and coordination of care following hospital discharge.

To learn more about surgical site infection prevention, visit [Ontario Health Surgical Site Infection Quality Standard](#). To listen to the interview, visit [Quorum](#).

## New Emergency General Surgery Microcollaborative

The ON-SQIN Program Delivery Team is extending its successful *neurosurgery microcollaborative* data-sharing model (see our feature on the topic, in this issue) to create an *emergency general surgery microcollaborative*. With greater transparency, we hope to enable:

- Access to a larger pool of de-identified NSQIP risk-adjusted data to support meaningful quality improvement projects
- Focused conversations and collaborations between sites with common improvement goals or between sites performing well and those not performing as well. If your site would like to participate, please contact [ONSQIN@ontariohealth.ca](mailto:ONSQIN@ontariohealth.ca).

## Contributor Shout-Out

In the last issue, we acknowledged **Melanie Dubreuil** in Ottawa for her contributions to the Ontario Surgical Quality Spring Meeting; this issue, we would like to celebrate **Gurnit Bhatti** (manager, Financial Business – Clinical, University Health Network) and **Celia Dann** (surgical clinical reviewer, London Health Sciences) for their vital, tireless assistance in making the day a success in both Toronto and London.

## Feature: Quinte Urinary Tract Infection Rate Improvement

Recent analysis of key semiannual report indicators revealed that Quinte Health has reduced urinary tract infection (UTI) rates (all cases data) by a whopping 70%!

**Kristina Cruess** (program director; Surgery, Oncology, Endoscopy – Medical Device Reprocessing; Quinte Health) notes:

*As I reflect on our 5 years as an ON-SQIN member, I continue to be amazed by the impact this program can have, and the visibility it provides to data we may otherwise not be monitoring/aware of. Having the data and semiannual reports provide an opportunity to celebrate advancements and achievements which improve outcomes for our patients and contribute to reducing the surgical carbon footprint.*

The hospital chiefs reflected on changes in practice since 2018 and identified factors that have contributed to the 70% reduction:

- General Surgery – The insertion of catheters for colon resections, particularly shorter and right-sided cases, is no longer routine
- Anesthesia – Orthopedic surgeons stopped using catheters in tandem with the reduced or elimination altogether of the use of spinal epidural morphine
- Gynecology – More surgeons are doing total laparoscopic hysterectomy as a same-day surgery and either not using a catheter or using it for shorter durations. Surgeons are also using an order set for post-op voiding trials in gynecology and after Caesarian sections
- Urology – Intermittent catheterization is used whenever possible. There is cautious use of antibiotics (as overuse or misuse can increase UTI rates, especially resistant UTIs). The move to outpatient or short-stay unit surgery and the avoidance of unnecessary catheterization are also factors

## Feature: Neurosurgery Microcollaborative

ON-SQIN launched the neurosurgery collaborative in January 2023. The collaborative was started because there was interest in connecting neurosurgeons across the province. Through monthly virtual meetings, members can connect with neurosurgery teams, create a safe space to share de-identified data, ask questions, and have the chance to learn from others. For example, the team at London Health Sciences shared how they have begun to audit spinal surgery charts, looking to identify themes and patterns. **Priya May** (senior specialist, Quality Improvement, Ontario Health) describes:

*[It's a] safe space for clinicians to speak freely with their colleagues, without judgement. The meetings focus on improving patient care outcomes, and members are comfortable talking about clinical and operational challenges with the group.*

The neurosurgery collaborative is paving the way and showing what can be achieved by working as a team and sharing de-identified data. Moving forward, the collaborative will continue to have open discussions to find a common opportunity for quality improvement.

If your team is interested in getting involved, please contact [ONSQIN@ontariohealth.ca](mailto:ONSQIN@ontariohealth.ca).

## Upcoming Events

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- **Surgical Clinical Reviewer meetings:** September 21, 2023, and October 19, 2023, at 12 p.m.
- **Surgeon Champion meetings:** September 26, 2023, and October 24, 2023, at 7 a.m.
- **Cut the Carbon Working Group:** September 15, 2023, and October 20, 2023, at 12 p.m.
- Release of the next ON-SQIN Update: November 2023

Please email us at [ONSQIN@ontariohealth.ca](mailto: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](#) or contact [ONSQIN@ontariohealth.ca](mailto:ONSQIN@ontariohealth.ca). Past issues of these updates can be found [here](#).