Ontario Surgical Quality Improvement Network

October

Highlights

• Orthopaedic surgeons who received their first MyPractice: Orthopaedic Surgery report were surveyed. Of those who responded, 85% of would recommend the report to their peers and 91% plan to implement at least one change idea or concept from the report into their practice. If you are interested in receiving your confidential report, sign up here — this is a great resource to support your hospital’s participation in the Cut the Count campaign.

• Upcoming Surgeon Champion calls: Dr. Duncan Rozario, Surgeon Champion at Oakville Trafalgar Orthopaedic Surgery; Dr. Duncan Rozario, Surgeon Champion at Oakville Trafalgar Orthopaedic Surgery; Dr. Duncan Rozario, Surgeon Champion at Oakville Trafalgar Orthopaedic Surgery; Dr. Duncan Rozario, Surgeon Champion at Oakville Trafalgar Orthopaedic Surgery; Dr. Duncan Rozario, Surgeon Champion at Oakville Trafalgar Orthopaedic Surgery.

The winter edition of the ON-SQIN Newsletter will be released in the next quarter. Please email us at ON-SQIN@hqontario.ca to share your hospital’s work in this newsletter.

Cut the Count: Mid-Year Results

Forty-one ON-SQIN hospitals are participating in the Cut the Count: Reducing Opioids After Surgery campaign. A preliminary look at submitted SQIP mid-year data shows that, on average, post-surgical discharge prescription volumes have been reduced by 9 pills. This is an amazing start—congratulations to everyone participating! Hospitals are working to reduce the number of opioid pills prescribed at surgical discharge for ENT, general, gynecological, orthopedic, plastic, thoracic, urology, and vascular surgeries. We are only 6 months into the campaign and more than half of teams have already reached or exceeded their improvement target. Resources to support participating teams improve pain management for their patients can be found here.

Optimizing Perioperative Antibiotic Selection

A highlight of the August Surgeon Champion call was a presentation by Dr. Alon Vaisman from the Department of Infectious Diseases and Infection Prevention and Control at the University Health Network on optimizing perioperative antibiotic selection. Dr. Vaisman shared an algorithm for optimizing cefazolin use in perioperative prophylaxis that includes a series of questions to ask when your patient reports an allergy to a beta-lactam antibiotic. A copy of his presentation can be found in the attachments section on ON-SQIN.

Quinte Health Care’s surgical quality improvement team has standardized opioid prescriptions across a range of surgery types. Quinte Health Care’s surgical quality improvement team has standardized opioid prescriptions across a range of surgery types. Quinte Health Care’s surgical quality improvement team has standardized opioid prescriptions across a range of surgery types. Quinte Health Care’s surgical quality improvement team has standardized opioid prescriptions across a range of surgery types. Quinte Health Care’s surgical quality improvement team has standardized opioid prescriptions across a range of surgery types.

Health Quality Ontario and CADTH Resources

Elisabeth Smirko, Liaison Officer, Health Technology Assessments (HTAs) at Health Quality Ontario and the Canadian Agency for Drugs and Technologies in Health (CADTH), presented at the October Surgeon Champion meeting. She shared how ON-SQIN teams could leverage Health Quality Ontario’s HTAs and CADTH’s rapid response service to support other decision-making, such as the selection of interventions for implementation. Health technology assessments make recommendations on which new health technologies should be publicly funded, while requested CADTH reports may include reference lists, abstract summaries, and critical appraisals. If you would like to learn more or to request a presentation at your hospital, contact Elisabeth here.

Publication

Highlighting the need to review and implement opioid prescribing reduction strategies, Drs. Nathens, Nader, and Nahanni from Sunnybrook Health Sciences Centre published a paper in Trauma, Surgery & Acute Care Open, describing the need for better opioid stewardship after emergency laparoscopic general surgery.

Quinte Health Care Cuts Opioid Prescriptions by One-Third

A recent article in The Belleville Intelligencer shares how doctors and staff in Quinte Health Care’s surgical department (both Trenton and Belleville locations) have reduced the number of opioid prescriptions by more than one-third. As part of the Cut the Count campaign, four surgical divisions—general surgery, orthopedics, gynecology, and urology—have been changing their approach to post-surgical prescribing since April 2019. They standardized their prescriptions, reducing the baseline quantity of pills prescribed and adding lower-strength painkillers, such as acetaminophen and ibuprofen. Now, 75% of surgical patients in these areas are receiving the standardized script. The team also emphasizes an “improved quality of life” approach to pain management rather than a zero-pain approach during patient education. Quinte’s surgical program director, Kristina Cruess, noted that about 207,360 pills per year have historically been prescribed for their targeted procedures—that’s since dropped to 125,670.

Featured QI Initiatives

Surgical quality improvement team members at Michael Garron Hospital, from left: Melanie Williams, Christine Bailey, Jennifer Russell, Nancy Elford, Dr. Dmitry Tsevetkov, and Jane Narrows. Mixing: Melanie Beadle and Dr. Mary Anne Aarts (Surgeon Champion).

Engaging Patients at Michael Garron Hospital

As part of their Cut the Count campaign efforts, surgical team members at Michael Garron Hospital have formed an opioid reduction taskforce, which meets monthly and includes representatives from surgery, anesthesia, pharmacy, nursing, and other departments. Their goal is to successfully pilot an electronic multimodal pain medication discharge prescription that can be tailored to the needs of individuals and specific health histories. The team has not only created patient education materials to address pain while in hospital, but also emphasizes nonpharmacological pain management approaches, including guided imagery and meditation, distraction techniques (IPAD, podcasts), mindfulness, and massage pre-and post-surgery. Special attention has been given to building staff capacity to assuage patients’ fears regarding opioid medications and expectations of pain. Says Jane Harwood, Manager of Inpatient Surgery: “We have stimulated a lively and enthusiastic conversation around ways to better manage pain while minimizing opioid use, and around what we can do through this project to improve the quality of our pain management at Michael Garron Hospital.”

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For tools and resources from ON-SQIN members, promotional materials for the Cut the Count: Reducing Opioids after Surgery campaign, and more information on partnering with patients, visit the opioid reduction campaign folder in the surgical quality improvement page on Quorum.