

# Ontario Surgical Quality Improvement Network

ISSUE 20  
Spring 2021

45

Number of hospital sites in NSQIP-ON

33

Number of hospital sites participating in the *Enhancing Surgical Recovery* Campaign

51

Number of mentoring relationships

28

Average number of participants in Surgical Clinical Reviewer calls

348

Total number of ON-SQIN team members

208

Number of ON-SQIN team members on Quorum

NSQIP-ON: National Surgical Quality Improvement Program - Ontario

SQIP: Surgical Quality Improvement Plan

ON-SQIN: Ontario Surgical Quality Improvement Network

NSQIP: National Surgical Quality Improvement Program

## Highlights



Cristina Huffman, Surgical Clinical Reviewer from Niagara Health, posting the *Enhancing Surgical Recovery* posters (available on [our website](#) or [Quorum](#))

### Enhancing Surgical Recovery Campaign Launch

The latest ON-SQIN campaign ([Enhancing Surgical Recovery](#)) got underway last month, with hospitals across the province coming together to support pandemic recovery and help ease surgical backlog. This campaign aims to improve care before, during, and after surgery so patients feel better faster and potential surgical complications are reduced. Between April 1, 2021, and March 31, 2022, Ontario hospitals will work to improve at least one surgical outcome (surgical site infections [SSIs], urinary tract infections, pneumonia, pulmonary embolism, or deep vein thrombosis) by 20% for at least one type of surgery: colorectal, emergency general surgery, gynaecological, or orthopaedic. We'll also be monitoring progress along the way and tracking impact on hospital length of stay to see if patients get home sooner after surgery.

Promote your hospital's involvement with the *Enhancing Surgical Recovery* campaign by downloading posters, pamphlets, and other communication tools, including suggested social media posts, on [our website](#) or [Quorum](#).

### Contributor Shout Out!

In this new feature of the ON-SQIN Update, we will recognize a member who has significantly contributed to the Network over the last quarter by providing support to colleagues, contributing resources for quality improvement and/or the *Enhancing Surgical Recovery* Campaign, and participating or presenting in the ON-SQIN Community of Practice.

This issue we acknowledge Cristina Huffman, SCR from Niagara Health. Cristina has been an instrumental support not only to her team in Niagara, but also to the Ontario Health team. Cristina has shared Enhanced Recovery After Surgery (ERAS) clinical pathways and ERAS Excel templates with the Network, has promoted the campaign in her community, and always contributes meaningfully at both the Ontario and Canadian SCR meetings. Thank you Cristina for your hard work!

## Coming Up

- Ontario Surgical Quality Improvement Virtual Spring Meeting: June 11 at 8 a.m.
- Upcoming Surgical Clinical Reviewer meetings: June 17, July 15, and August 19 at 12 p.m.
- Upcoming Surgeon Champion meetings: June 22, July 27, and August 24 at 7 a.m.
- August 2021—release of the next ON-SQIN Update. 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](#).

## What's Happening



Members of the Quinte Health Care surgical quality improvement team: Angela (OR Nurse), Barb (OR Nurse), Dr. Guan (Surgeon Champion), Dr. Braig (Surgical Medical Director), Tricia (OR Nurse)

### January 2021 NSQIP Ontario Collaborative Semi-Annual Report (SAR)

Our recent collaborative SAR confirmed that the efforts of our member hospitals in reducing postsurgical adverse events are paying off. For example, **the Ontario collaborative adjusted rate of all cases of SSI has decreased by 8.6% since 2018** (the beginning of the [Reducing Infections After Surgery](#) collaborative campaign), and the adjusted rate of readmission has decreased by 13.4%. Congratulations to the hospitals who rank in the top five on these outcomes in the January 2021 SAR. **SSI:** 1. Cambridge Memorial Hospital 2. Orillia Soldiers' Memorial Hospital 3. North York General Hospital 4. Etobicoke General Hospital 5. St. Joseph's Healthcare Hamilton. **Readmissions:** 1. Mount Sinai Hospital 2. St. Joseph's Healthcare Hamilton 3. Halton Healthcare, Oakville Trafalgar Memorial Hospital 4. Lakeridge Health 5. St. Michael's Hospital.

### Cut the Count Campaign Successes

**Quinte Health Care**—In year 1 of the *Cut the Count* Campaign (2019/20), Quinte Health Care standardized prescriptions for targeted procedures, which resulted in a significant reduction in opioid prescriptions ([see feature in the Fall 2019 Issue](#)). For year 2 (2020/21), Quinte Health Care's Opioid Reduction quality improvement project focuses on spreading standardized discharge prescriptions to new surgical types, as well as improving the documentation and data collection processes.

One goal was to improve documentation by the nursing team without documentation overload. To capture what education was provided to the patient simply and efficiently, an opioid education pamphlet was shared with the patient and documented with a simple query: "Opioid education pamphlet provided: Yes, No, N/A". Moving forward, the team will also improve identifying prescription equivalencies in the data collection.

**William Osler Health System**—Over the last two years, William Osler Health System's NSQIP committee felt the best way to enact change would be to provide the data directly to the surgeons to enable them to design plans for improvement. At Osler, they provide quarterly scorecards to each division and to the entire department of surgery that summarize NSQIP data on four main outcomes. These differ between the different specialties but typically include overall morbidity, mortality, SSI, and readmission/emergency department visits. Each outcome is depicted over four quarters and includes patient comments about their care. The team has now also summarized opioid prescribing morphine equivalents using the mean, minimum, and maximum over each quarter. As an example of their progress, **the team has seen a significant change in prescribing patterns for thyroidectomy surgery:** In Q3 of 2019, the mean opioid equivalent prescribed was 140 mg; by Q2 of 2020, this dropped by 50% to below 80 mg.

## Featured Initiatives



Dr. Patrick Whelan (Surgeon Champion) and Lisa McLean (Surgical Clinical Reviewer) from Markham Stouffville Hospital

### Effective Surgical Team Communication

Our upcoming Ontario Surgical Quality Improvement Spring Meeting will feature a session entitled Enhanced Surgical Team Communication. Here is a sneak peek of what this portion of the upcoming meeting will include from both Amanda McFarlan, Trauma Program Registry Manager & Quality Assurance Specialist at Unity Health; and Dr. Patrick Whelan, Surgeon Champion, and Lisa McLean, Surgical Clinical Reviewer from Markham Stouffville Hospital.

**St Joseph's Health Centre, Unity Health**—We found that **regular short Zoom meetings really helped keep us on track** (30 minutes every other week at a time that worked for the whole team, including our Surgeon Champion). These meetings are a chance to check in, follow up on loose ends, clarify definitions on new NSQIP elements such as the ERAS fields, share real-time data and progress on projects, keep up on corporate changes, and include and engage with the whole team, including those working in and outside the hospital building.

**Markham Stouffville Hospital**—Communication is one the most important components in keeping our team engaged. We use emails to update team members on the status and progress of our SQIP. We have regular meetings with our Surgical Quality Committee. **Some of the items covered during these meetings include positive feedback from stakeholders, recommendations/suggestions from our surgical patients, and SQIP intervention updates.** We have posters posted throughout the hospital to display the team's work.

The Department of Surgery meetings occur every other month, and ACS NSQIP is a permanent agenda item. Surgeons are notified both by email and in person of occurrences and are given the opportunity to discuss as needed. SAR successes due to quality improvement practices are noted, and surgeons are congratulated for their contributions and efforts.

Keeping the team engaged has been a bit of a challenge due to competing priorities related the pandemic; however, we continue to maintain our SQIP as a priority. **Little reminders to our team members help to keep our projects on track.** Since the beginning of the pandemic, our Surgical Quality Committee has switched to Zoom meetings. We have kept the same time and dates, which we think has help with consistent attendance. The SCR has made some accommodations by conducting one-on-one meetings with individual key stakeholders at their convenience.