Surgery
UNIVERSITY OF TORONTO

Best Practice in Surgery

ANNUAL REPORT

2016/17

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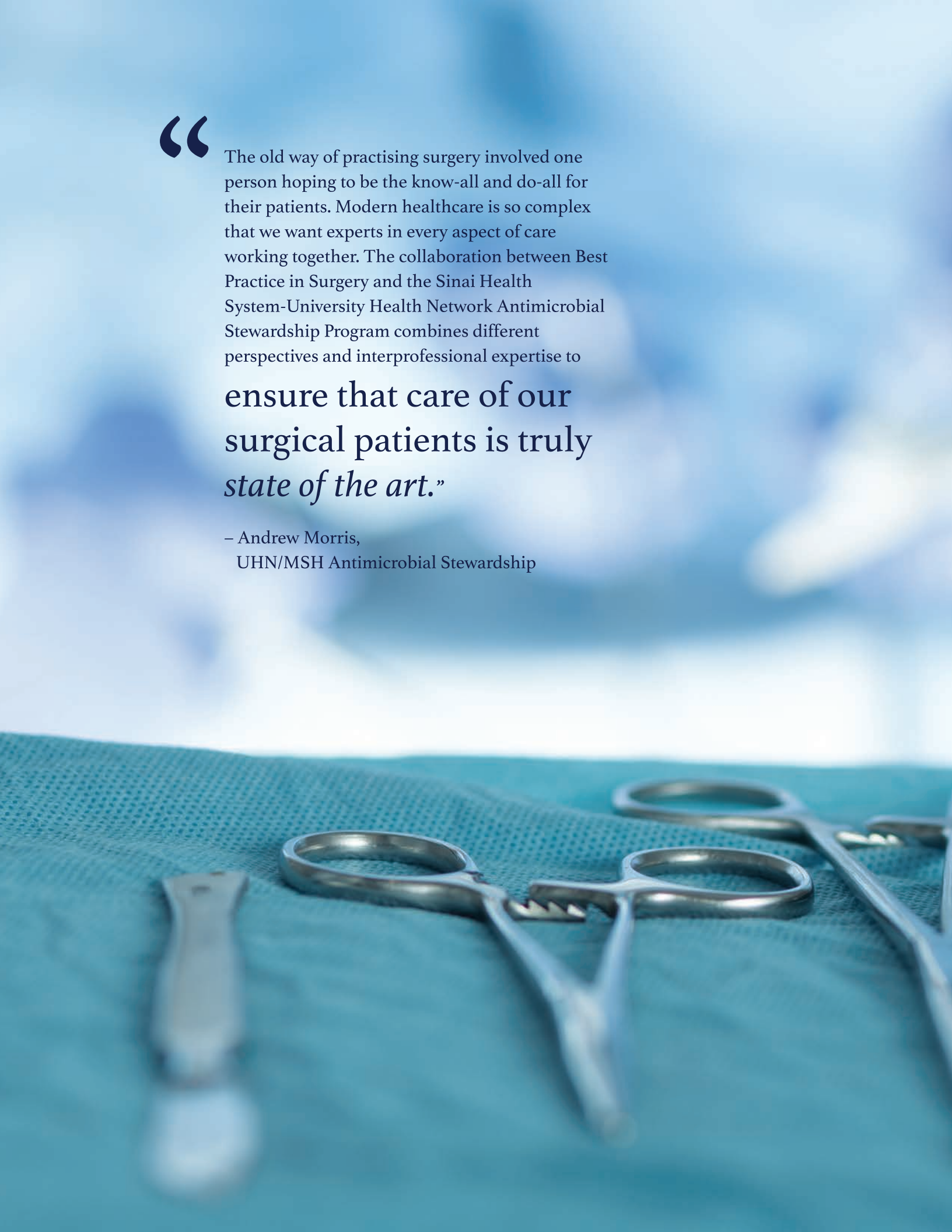


“The old way of practising surgery involved one person hoping to be the know-all and do-all for their patients. Modern healthcare is so complex that we want experts in every aspect of care working together. The collaboration between Best Practice in Surgery and the Sinai Health System-University Health Network Antimicrobial Stewardship Program combines different perspectives and interprofessional expertise to

ensure that care of our surgical patients is truly *state of the art.*”

– Andrew Morris,
UHN/MSH Antimicrobial Stewardship

Contents

03

Who We Are

Best Practice in Surgery is the University of Toronto, Department of Surgery's quality improvement program. Best Practice in Surgery is a resource for practicing and in-training surgeons as well as other members of the perioperative team. Best Practice in Surgery aims to provide oversight and be a comprehensive repository for all quality-related surgical initiatives, programs and research that is undertaken at the University of Toronto affiliated hospitals.

Best Practice in Surgery was created in response to the University of Toronto's Strategic Plan which named Quality and Best Practices as a strategic pillar. Best Practice in Surgery was created based on the success of and lessons learned from the Division of General Surgery's quality initiative, Best Practice in General Surgery (BPIGS). Best Practice in Surgery includes representatives from all Divisions of Surgery as well as the Departments of Anaesthesia, Gynaecology, Ophthamology and Otolaryngology.

Vision Statement

To ensure all patients having surgery at the University of Toronto affiliated hospitals receive high quality, person-centered care resulting in optimal patient and clinical outcomes.

Goals

- ***Promote*** *the use of best evidence by developing and implementing clinical practice guidelines.*
- ***Encourage*** *a person-centered approach to surgical care to optimize our patients' experience.*
- ***Collaborate*** *with stakeholders in hospitals, other departments, and institutions to ensure patients receive high quality multidisciplinary care.*
- ***Measure*** *our performance and outcomes.*
- ***Provide*** *education to our residents and fellows so they can undertake or participate in quality initiatives.*
- ***Encourage*** *research in quality and knowledge translation and use this platform to perform clinical trials when evidence is lacking.*

"It's not us and you, it's we. The way we will move forward is if we all stay connected to the process. I see this as the beginning; I encourage everyone to stay in it. This is a journey, moving it forward." - Surgeon Z

Accomplishments 2016/17

04

Guideline Development

The following three guidelines have been completed and will be released this fall.

1 Surgical Site Infection Prevention

This guideline was developed in partnership with the Antimicrobial Stewardship Program at Mount Sinai Hospital/University Health Network. The guideline provides recommendations on antibiotic use, type, dosing and duration. As well, there are recommendations on perioperative normothermia, preoperative skin preparation and hair removal, staphylococcus aureus decolonization as well as special considerations.

2 Preoperative Fasting Guideline

This guideline provides recommendations for a reduced fasting duration for all surgical patients. The recommendations are based on national and international guidelines. The recommendations highlight clear liquids may safely be consumed up to 2 hours preoperatively.

3 Enhanced Recovery After Surgery

The rationale for developing a procedure agnostic ERAS guideline which is applicable to patients undergoing most surgical procedures stemmed from the success of the development and implementation of an ERAS guideline for elective colorectal surgery that was developed by the Best Practice in General Surgery committee. Following provincial implementation of the ERAS guideline for elective colorectal surgery patients, several hospitals asked for guideline recommendations to support the uptake of ERAS by other surgical specialities. In addition, several small, rural hospitals were interested in implementing an ERAS guideline, but required it to be more applicable to the wider surgical population. Thus, we developed an ERAS for All guideline that may be used by itself or added to, to create a procedure specific guideline. The guideline provides recommendations on preoperative education, preoperative fasting, perioperative pain control, early removal (or avoidance) or tubes and drains and early mobilization and feeding,

05

Patient Experience

During the 2016-17 academic year, a series of three patient engagement meetings were held which included patients, surgeons and other health care providers. The overall goal was to understand the surgical experience at the University of Toronto affiliated hospitals by identifying gaps in care and implementing strategies to close those gaps.

Patient Advisory Committee (PAC) Quality Improvement Recommendations and Plans

The PAC members prioritized goals and made recommendations and suggestions on how to implement the identified areas of concern.

1. Discharge Process and Recovery Period at Home

Both the discharge process and recovery period at home are critical parts of the surgical experience. Information about these processes should be highlighted starting at the pre-admission clinic appointment and continued throughout the experience to the first follow-up visit.

Recommendations:

A standardized framework should be co-developed with input from patients, surgeons, primary health care providers and CCAC and used as a standard template to support the discharge process and recovery period across the Department of Surgery.

The standardized framework should contain a set of high level domains (e.g. pain control, wound care, mobility, bowel function, nutrition). Each Division should customize the information within each domain for the most common surgical procedures. The framework would outline important milestones from discharge to the end of the first week at home. Ideally, both the discharge process and recovery period individualized templates would be completed online with pre-set, customized drop-down menus to populate all of the domains.

Proposed Implementation Plan:

We will investigate opportunities with the provincial initiative led by OpenLab called Patient Oriented Discharge Summary Program (PODS) that is currently working toward standardizing, patient oriented discharge summaries across all hospitals in Ontario.

Once the initial draft of the discharge process and recovery period at home framework is developed, an in-person meeting will be held with the PAC members, surgeons, primary care providers and CCAC to refine these tools and discuss how these tools should be implemented.

2. Physician Communication

Recommendations:

A patient survey evaluating physician communication should be conducted. The Department of Surgery should demonstrate the value it places on physician communication by (i) recognizing good communication skills by linking them to academic merit points, (ii) providing support and resources for physicians to improve their communication skills, (iii) peer mentoring, (iv) using 360 degree feedback and (v) adopting mandatory e-learning modules on communication.

Physician burnout may also lead to poor communication skills and therefore the Department of Surgery should ensure that there are processes in place to increase awareness and support for surgeons to learn, understand and manage physician burnout.

Proposed Implementation Plan:

All hospitals will be asked for their aid in gaining access to the Canadian Patient Experiences Survey data. Consideration will be given to collating data into a final report that would present overall, as well as individual, hospital level and division level scores. The report will be distributed to all surgeons in the Department of Surgery. Potentially the survey report will be reviewed on an annual basis.

The report will be distributed to increase awareness, share best practices, promote healthy competition and discuss future strategies to strengthen physician communication to be more patient centered.

Consideration will be given to recognizing good communication skills and linking them to academic merit points. Consideration will be given to adopting mandatory e-learning modules on communication with the goal of completing them every 2 years.

The Department of Medicine will be engaged to share the processes that are in place for physicians to learn, understand and manage physician burnout.

> “As a patient I’m grateful we were given this opportunity to present our views to professionals, not just groups of other patients. We are actually being heard by those who could possibly make and implement changes to better the hospital system, to better the patient experience, also to better the doctor’s experience with the patient as well.”
>
> -Patient Z

07

Resident Education

The QI in Surgery course for PGYI residents led by **Dr. Najib Safieddine** and colleagues was held for the second year.

In addition to residents in the Department of Surgery, residents from Obstetrics and Gynaecology, Otolaryngology and Maxillofacial surgery participated. The course included two interactive workshops as well as small group work in which a quality improvement project was developed.

On May 23rd, 2017 all of the resident groups presented their projects at an event held at the Faculty Club. It was well attended by program directors, program chairs, committee members and mentors. Residents jointly presented their experience and results. Projects completed included a wide range of topics from improving resident education to standardizing specific clinical surgical processes to improving and measuring patient and family in-hospital experience.

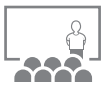
Increasing Our Profile

The Best Practice in Surgery website **bestpracticeinsurgery.ca** went live in 2016 and houses our quality improvement and patient safety initiatives. Since our launch in September, we have had over **15,000** visits!

The Best Practice in Surgery **monthly newsletter** was launched in September 2016. It is sent electronically to all surgeons, fellows and residents in the Department of Surgery; all anaesthesiologists and residents in the Department of Anaesthesia; hospital administrators at all of the University of Toronto hospitals as well as individuals across the province, nationally and internationally who have an interest in quality. The newsletter keeps individuals up to date on current quality improvement work being done in the Department of Surgery.

We have representatives on our committee from the Departments of Anaesthesia, Gynecology, Otolaryngology and Ophthalmology.

We worked with Health Quality Ontario (HQO) to implement Enhanced Recovery after Surgery (ERAS) in conjunction with the implementation of the American College of Surgeons National Surgical Quality Improvement Program (NSQIP) in **35** Ontario hospitals.



We participated in a national ERAS conference hosted by the Canadian Patient Safety Institute (CPSI).

Various members of our committee presented at local, national and international meetings and published on quality initiatives, accomplished under the umbrella of Best Practice in Surgery.

> “Our analysis identified that 30% of the wounds we were treating in the community were open surgical wounds and so we were excited to be able to work with our colleagues in the Division of Surgery to research and develop guidelines for best practices in hospital that are then continued as patients transition to home. This will make a difference to the patients we care for in our region – and to many more beyond – that is the exciting part about working with an educational institution for us: taking what we’ve learned on a small scale and helping it expand widely and rapidly through strong partnerships and collaboration.
>
> - Josie Barbita RN BScN MS, Regional Director, Clinical Programs
> Toronto Central Local Health Integration Network

09

Initiatives for 2017-2018

- We are currently developing a **surgical wound management** guideline in conjunction with the Toronto CCAC and it will be completed later this year.

- We are undertaking the development of a guideline on **prescribing opiates in surgical patients following discharge.** We are planning on surveying current practice at all U of T hospitals in all surgical specialties, holding a consensus workshop and releasing a guideline later this year that will include information on preoperative and postoperative risk factors as well as prescribing suggestions.

- We are working with surgical and anaesthesia colleagues to support and spread their work on **"Hand Offs"** to all of the faculty and residents in the Departments of Surgery and Anaesthesia.

- In conjunction with the Department of Anesthesia, we are developing guidelines for **perioperative fluid management.**

- A **blood conservation** guideline is being undertaken.

- Under the leadership of Erin Kennedy, we will begin to undertake initiatives to **improve discharge education** and also implement some of the other recommendations that were identified at our workshops in 2016.

- Under the leadership of Najib Safieddine, we will continue to offer a **course** to junior residents on **how to develop and implement quality initiatives.**

- The Best Practice in Surgery has initiated an **Advisory Committee** which includes representatives from the academic departments, hospitals and other health care organizations. The **role** of the Advisory Committee is to:

    - ***Provide*** *feedback on quality initiatives undertaken by Best Practice in Surgery*
    - ***Assist*** *in identifying areas where there are gaps in care and where Best Practice in Surgery could play a role in developing and implementing quality initiatives*
    - ***Understand*** *what quality initiatives are being undertaken in the hospitals and how the Best Practice in Surgery committee could play a role in spreading these initiatives*
    - ***Provide*** *assistance to Best Practice in Surgery in the implementation of guidelines and other quality initiatives*
    - ***Provide*** *feedback on our educational activities*

“It’s been quite an experience to spend so much time dedicated to listening to all of the stories, and whether or not this changes the overall policy or hospital procedures, I can tell you that many of the things I’ve heard have changed how I communicate with my patients and how I recognize and empathize a bit more with how they feel on the other side. It’s been a great learning experience for me, and I think many of the other surgeons in this room are already putting your suggestions to work in their offices. I want to thank you for your honesty also for all the time you dedicated to this process.”

-Surgeon X

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