



Best Practice
in
Surgery

FEBRUARY 2017

Newsletter



UPCOMING EVENTS & COURSES

I INSTITUTE FOR HEALTH CARE IMPROVEMENT

**IHI CHANGE CONFERENCE:
REMOVING BARRIERS, MAKING
PROGRESS**

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OUR WEBSITE:**

bestpracticeinsurgery.ca

*For more on Best Practice
in Surgery*

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WELCOME! *In this month's newsletter we want to highlight the importance of patient handover in perioperative care. Our guest writer is Dr. Josh Gleicher, an anesthesiologist at the University of Toronto specializing in regional anesthesia and perioperative quality improvement and patient safety. He is also an adjunct lecturer at the Institute of Health, Policy, Management and Evaluation.*

QI @ UofT

By Josh Gleicher

Medical errors and unintended adverse events have been identified as a prevalent cause for patient harm.

Major contributing causes include poor communication between care providers and incomplete patient handovers. Leading bodies in healthcare such as The World Health Organization and Institute of Medicine have recognized the ongoing gaps in patient handovers. They emphasize the importance of communicating perioperative patient information effectively and note that failure to do so can result in lack of vigilance and patient harm. Similarly, the Royal College of Physicians and Surgeons of Canada has decided to include Handover as a key physician competency in the CanMEDS 2015 Framework.

In the perioperative setting, the complexity and acuity of patient care amplifies the need for reliable and effective patient handover. Surgeons and anesthesiologists will often need to provide intraoperative handover to colleagues during lengthy complex cases. Handover to postoperative care providers is equally as important and often includes contingency planning for ongoing medical or surgical issues. Despite the many types of patient handovers in the perioperative period, barriers to effective handover remain the same. Poor handover structure and documentation, interruptions, patient complexity, and lack of contingency planning can all contribute to omissions of crucial information, and in turn to patient harm.

The Best Practice in Surgery group is in the process of developing guideline recommendations for effective patient handover in the perioperative setting. Dr. Carol-Anne Moulton and I are putting



Dr. Josh Gleicher
Guest Writer

together a multidisciplinary team of care providers with diverse experience in patient safety, tasked with developing and disseminating these guidelines. If you would like to contribute and be a handover Champion or have any suggestions or ideas, please contact us at:
bestpracticeinsurgery@utoronto.ca

CURRENT WORK

Department of Surgery Strategic Plan Refresh

On March 7, 2017, the Department of Surgery is having a retreat to 'refresh' the Department of Surgery's strategic plan for the next 5 years. A small working group of the Quality and Best Practice committee came together to develop new goals and priorities that will guide us forward with improving the quality of surgical at the University of Toronto affiliated hospitals. We look forward to sharing these with you.

WE NEED YOUR HELP!

We are currently in the process of developing several clinical practice guidelines and need the assistance of interested faculty, fellows and residents.

We are currently seeking individuals who are interested in joining the working group for:

- a) postoperative management of surgical wounds
- b) perioperative fluid management
- c) effective patient handover in the perioperative setting
- d) postoperative opioid prescribing

The time commitment for these working groups for faculty is minimal (2-3 hrs per month) for ~6 months and approximately (10 hrs per month for fellows and residents) for ~6 months. If you are interested, please email us at:

bestpracticeinsurgery@utoronto.ca

Information