

UPCOMING EVENTS & COURSES

HEALTH QUALITY ONTARIO I ONTARIO SURGICAL QUALITY

CONFERENCE

NOVEMBER 4TH, 2016

http://www.hqontario.ca/Events/ Ontario-Surgical-Quality-Conference-

HEALTH QUALITY ONTARIO QUALITY ONTARIO ROUNDS

"Leading quality improvement at St. Michael's Hospital" presented by ST. Michael's Hospital CEO, Dr. Robert Howard

JOIN IN PERSON OR VIA OTN NOVEMBER 21st, 2016 12:00-1:00PM

http://www.hqontario.ca/Events/ Quality-Rounds-Ontario/Leadingquality-improvement-at-St-Michaels-Hospital

IDEAS ONTARIO ADVANCED LEARNING PROGRAM **APPLICATION DEADLINE:** NOVEMBER 11TH, 2016

http://www.ideasontario.ca/programs/ ideascohort11/

CHECK OUT OUR WEBSITE:

bestpracticeinsurgery.ca

For more on Best Practice in Surgery

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WELCOME! In this month's newsletter, Dr. John Semple discusses a

Dr. Semple is a plastic surgeon and a professor in the Department of Surgery. We hope you enjoy his article as this month's guest writer on quality improvement. As always, if you have any feedback, would like to contribute to our newsletter or add a colleague to our email list, we would love to hear from you! See our contact information at the bottom of the page.

QI@UofT

Dr. John Semple

Smart phone technology is increasingly being viewed as a potential medical device rather than just a phone. Post-operative monitoring of surgical patients is becoming an important exercise in the effort to improve quality of care as well as support expedited discharge with a shorter length of stay, prevent unexpected visits to the emergency department and re-admissions to hospital. Mobile apps and telemedicine in general have been shown to improve the care transition of postoperative surgical patients from institution to home.

At Women's College Hospital in Toronto, we developed and are using a mobile app (QoC Health Inc., Toronto) for postoperative follow-up including monitoring complications after the patient has returned home after having breast reconstruction surgery for breast cancer. The app can be downloaded onto the patient's personal smartphone or a device can be loaned to them for the 30-day period if they do not own a smartphone. Once the patients have been discharged, they answer a series of questions daily using a "touchscreen interface" on their smartphone related to their quality of recovery and take pictures of their surgical incision site daily. This information is then relayed to a secure cloud server where it is available on a "dashboard" for viewing by their health care team, which consists of the surgeon, advanced practice nurse and surgical resident.



Screenshots of mobile app QoC Health Inc.,

Smartphone app-based protocols will continue to provide improved transition of care for surgical patients both in ambulatory and inpatient settings, as well as more comprehensive postoperative monitoring. There is more and more evidence that mobile app postoperative monitoring can reduce readmissions and can contain costs.

For more information, you can check out Dr. Semple's publications in Journal of Medical Internet Research (2014 Jan;16(9):e213), JMIR mHealth and uHealth (2015 Jan 12;3(1):e18), or Telemedicine and e-Health. 2014 (p. A50-1).

CURRENT WORK

Quality Improvement Course for Surgical Residents

Under the leadership of Dr. Najib Saffidedine, the Department of Surgery launched a quality improvement program for residents in October 2015. PGY 1 residents from all Divisions participated in the course. The curriculum was taught over three sessions by surgical faculty who also mentored small groups of residents as they developed quality initiatives which were then presented at the third session last May.

Building on the success of last year's course, this year's course, which commenced on October 11, again includes all PGY I surgical residents plus residents from otolaryngology, gynaecology and ophthalmology. In total, 59 residents are taking the course, mentored by 13 faculty. The objectives of the course include:

- · introduce the concept of quality improvement;
- encourage trainees to become engaged in clinical processes and accept the notion that QI is an integral part of surgical practice irrespective of where one practices;
- · introduce the tools which can be used to advance QI;
- · foster group work and collaboration

In May, 2017 we hope you will be able to join us when the residents present their quality proposals.

WHAT'S NEXT?

- · Keep an eye out for our Pre-operative Fasting guideline which we will be distributing to all surgeons and anesthesiologists prior to U of T-wide implementation
- · The Canadian Patient Safety Institute and Health Quality Ontario has asked that we collaborate to develop an ERAS guideline for all surgical specialties. We will be presenting these recommendations at the Health Quality Transformation meeting on November 4th and we look forward to sharing these recommendations with you after the meeting!