

ANNUAL DIVISION QUALITY COMMITTEE REPORT

DIVISION: Orthopedic Surgery

DIVISION HEAD: Dr. Steven Papp

Please describe your divisional performance over the last 12 months as it contributed to support the hospital in achieving its strategy. Where possible incorporate objective corporate performance measures to justify your answer (500 words)

The division of Orthopedic Surgery has demonstrated several achievements over the past year aimed at enhancing patient care in accordance with the hospital's corporate strategy. While the pandemic continued to impact clinical operations and daily processes, our division remained committed to providing quality care and excellence in patient safety.

The ConEHR electronic platform consisting of Patient Reported Outcome Measures (PROMs) data has continued to grow with more than 8000 elective procedures tracked to date across TOH campuses, Hawkesbury and Kemptville District Hospital. Formal data submissions have been completed to Ontario Health as part of a provincial wide PROMs data collection effort for hip and knee replacement surgeries. Through our division's submissions, we contributed to the provincial initiative of evaluating patient experience and promoting a patient centered approach across orthopedic care. Our PROMs database has also proven to be an important tool in providing productive feedback to surgeons on compliance and patient outcomes within their respective clinical practice units. We continue to direct our efforts at efficiently mining this data through the development of dashboards and validated metrics for maintenance of the database. Furthermore, we have implemented a formal process for data requests available to division members in continued support of research and QI initiatives.

Despite the challenges imposed by the pandemic, improving patient safety and experience remain a top priority. Through monthly CQI meetings, we collectively review patient letters and feedback to highlight areas of growth for the division. We collect this information through direct communication with patients, PSLS cases submitted by allied health professionals, post-discharge followup and feedback received from patient relations specialists. TOH's patient experience dashboard have also been a key tool for obtaining data on patient experience. The topbox score for responses from the CPES over the last year was 66% achieving the target range. This was also an increase from our previous years recorded scores. We take the time during divisional meetings to review these metrics to ensure continual updates on the divisions performance and overall standing. Through direct communication with our patients and partners, we prioritized the hospital's core values and ensured that our patients safety and satisfaction with care is considered at all levels.

This past year saw the implementation of our Path4Hip program in collaboration with the Elizabeth Bruyere Hospital. The prime objective of this initiative was to improve transfer time of hip fracture patients who received surgical care at the General campus to a geriatric rehabilitation center no later than post-operative day 6. Various educational materials were created for eligible participants to facilitate seamless transition to outpatient settings. Staff, physicians

and allied health were provided with training and virtual workshops to assist with a successful implementation while their feedback was continually being fed to improve the overall process.

Quarterly meetings continue to take place with our departments partners including leadership members from Radiology, Emergency Medicine and Anesthesia. With the involvement of division leadership and QI leads we collectively discuss and evaluate pertinent issues impacting flow and care for orthopedic patients.

Radiology

- Continued sharing of wait times dashboards for evaluation of metrics and areas of improvement.
- Updates on X-ray replacement project at General campus to curb longer wait times.

Anesthesia

- Discussions on appropriate pre-operative investigations and protocols.
- Review of major themes related to peri-operative adverse events & mitigation strategies.
- Review of MRN specific cases highlighting system issues requiring solutions through a multidisciplinary approach.
- OR block room updates & process optimization.

Emergency Medicine

- Continued attention on completing orthopedic consultations in a timely manner.
- Evaluating process metrics and enhancing patient care communication between physicians.
- Identifying barriers to patient flow for improved efficiency.

There also exists continued efforts to standardize care of prosthetic joint infections through the dedicated work of the PJI service. This consists of a multidisciplinary team including a lead arthroplasty surgeon, hospitalist, infectious disease specialist and clinical pharmacists. In 2021, the team created a separate roster in Epic for PJIs to allow for seamless tracking of these patients and future reference. Feedback from patients and allied healthcare professionals has been imperative in refining this approach to provide comprehensive medical care to this patient population.

Please identify the major threats to patient safety for the patients you treat based on your interpretation of information arising from routinely collected performance data and incidents reported within the Patient Safety Learning System, Serious Incident Reviews, and Morbidity and Mortality rounds, where available (500 words)

Based on consistent review of PSLs events, serious incident reviews and M&M rounds, the major threats to patient safety in our division have been highlighted below:

PSLS

The CQI team has reviewed 45 incidents as a group during monthly committee meetings from January to December 2021. The most commonly reported themes included:

1. Equipment related malfunctions and missing and/or incomplete trays identified during surgical set-up.
2. Epic related order set issues (orders not released post-operatively, or prematurely discontinued).
3. Falls (as a result of unassisted ambulation).

M&M Rounds

Opportunities to improve patient care in the context of major adverse events are reviewed through formal presentations with division members. These presentations are delivered using the OM3 model and involve an analysis of the the pre-op, intra-op and post-operative elements involved in the events leading up to the incident. Cognitive and system-level issues are also identified for a comprehensive review of each case. In the past year, we have completed a total of 10 M&M rounds for which semi annual summary reports were created as a reference for physicians and staff. Major themes identified in these rounds include errors and delays in medication reconciliation at admission, ordering of appropriate investigations (ex. type and screen prior to surgical case) and communication lapses between providers. Recommendations are produced based on collective discussions and approved by division leads to inform future QI efforts.

Delays to surgical access continues to be a barrier and impedence to patient safety. This also represents a major area where patients and families often submit formal complaints about. Frustrations over prolonged NPO status while awaiting OR have also been identified where some patients are required to remain in the ER as they await surgery (often due to lack of available inpatient beds).

Please describe the extent to which your clinical services are meeting the expectations of your patients based on: (1) your interpretation of information arising from patient feedback (example patient concerns, Post Visit phone calls, surveys, focus groups), and (2) the requirements of the Elizabeth and Matthew Policy. (500 words)

Our division reviews all patient complaints and feedback letters on an ongoing basis with the CQI leadership team and clinical managers. In addition, the CQI lead facilitates communication with patients and their caregivers, either through phone calls or direct meetings, to resolve matters using a Just Culture approach. Collection of PROMs data using ConEHR has also allowed for improved focus on patient satisfaction rates as we expand our ability to mine data from CPES and other related survey's for feedback to the division. We continue to focus on maintaining an 85% adherence rate for peri-operative data capture from all eligible procedures and condition groups. Our regular meetings with partners from radiology, emergency medicine, and anesthesia has positively impacted our ability to address issues of wait times and surgical access through an interdisciplinary approach.

The E&M policy continues to be applied by division members with regular and consistent assessments of patient charts and applicable documentation. The Comprehensive Orthopedic Service (COS), which has been in place since 2016, allows orthopedic surgeons to provide consistent care to patients. Through this service, urgent cases are admitted under one MRP for one week where elective procedures are limited, enabling the provider to focus on managing patients admitted to the ward. Feedback from allied health and clinical managers continues to be positive with this service in helping to streamline care and provide direct access to MRPs.

Division members also make use of the OBIEE and TOH's patient experience dashboards for continued evaluation of individual and departmental level performance. Using these metrics, physicians can better assess individual standing and formulate goals to allow for collective improvements in care.

Describe and justify Divisional priorities for quality in the next 12 months based on your answer above. Please identify three priorities in descending order. (500 words)

1. Our priority for the coming year includes optimizing OR access for orthopedic patients and trauma cases.
 - a. Advocate for strategies and processes that promote equitable and timely access to the OR.



- b. Creating protocols and policies to ensure patients are well managed when delays are identified pre-operatively. This also includes frequent communication with family members by the staff surgeon for patients on trauma list awaiting surgery who are unable to communicate this information directly to their respective families.
2. Continued tracking of prosthetic joint infection rates and forming working groups for discussions around infection rates reduction strategies. This will also include identifying commonly diagnosed organisms & bundled interventions to reduce risk.
3. Ensuring physicians and allied healthcare team members are well supported as we continue to face pandemic related challenges. Encouraging team members to maintain updated communication with patients and their families through virtual means as covid restrictions continue to impact surgical wait times and care access.
4. Leveraging Epic and collaborating with the analytics team to produce reports with orthopedic specific metrics. This will assist with providing accessible data to the CQI team and allow for greater support of QI projects.