Monday Message, Monday, March 2, 2026

March is here! March break is before us and spring will be sure to follow!
It has been a real winter! We needed the moisture in the ground so there is a positive side to all the snow we have experienced this past winter.

There was an interview recently with the CEO of University Health Network Dr Kevin Smith in which they discussed how to deliver health care in a publically funded system and about innovation. Here in Nova Scotia we have done a lot of innovative things and more are coming. I am not sure if you are aware that some of the solutions we are using to improve access for patients are " home grown". Virtual Hallways is a made in Nova Scotia solution to improve access to specialists.

What is clear is that we need to innovate. We need to think outside the box about how we practice and deliver care. When OCEAN was brought in, it was supposed to make it easier for family doctors to refer to a specialist because there was a single access point. Family doctors would no longer have to refer to multiple specialists with the hope that one of them would see the patient expeditiously. It would also provide data on Wait 1.
One thing it allowed, is for specialists to decline referrals. These referral no longer sit on the bottom of pile. They are there for everyone to see. This is a problem for referring doctors and their patients. It has enabled specialists to say "No". In turn it shines a light on our human resource and system limitations. Now we know and our leadership and government know too!

We sent out our newsletter on Friday- sorry it was late but please read it. There are a couple of "heads up " items. Also we sent out a report card on our progess on our strategic plan 24-29. We have accomplished a great deal already. The annual report is delayed but is in its final stages. It has more granular information to tell you what the department has been up to this past year. Please take a moment to read these. Afterall, this is your department.

Have a great week
gail

Monday Message, Monday, March 9, 2026

Hard to know what to say: hope everyone has a good March break?
I was away last week and come back to hear about the power outage at the VG. Thanks to everyone who helped sort out the priorities for surgery over the weekend and the plan for this week . With March break our surgery volumes are somewhat reduced- it could have been worse.
If there is a silver lining to this situation it is that we will be getting a new generator at the VG to replace the 60 year old one which should last us until the HI expansion is complete and we move patients out of the VG.

Greg Knapp and Danny French will continue to work together to coordinate and prioritize the lists for the upcoming week.

We will be sending updates as we have more information.
gail

Monday Message, Tuesday, March 16, 2026

Resilience: the ability to adapt well to adversity or challenges, to bounce back, moving forward instead of getting stuck-

Seems to describe our team as we worked through the power issues last week! People worked together to look after our patients, keeping focussed on the goal. We were fortunate that there were vacant operating rooms at HI so we could move VG OR lists to HI and our VG nurses and anesthesiologists followed. Most of the planned surgeries from VG were completed. The HI PACU was overflowing as were the inpatient units but we got through it. And now we are back to "normal".

Something that struck me was how "accepting" everyone was that we were having another "crisis" related to our infrastructure. I think this one was the worst yet but it doesn't seem to surprise us when these things happen. We all know the plan was for the VG to come down years ago but it is only very recently that we have heard a date for patients to move to the HI and the new tower in 2031! 5 years to go (minimum). So we will have to keep fixing the leaks and whatever else comes our way for some time yet!

As professionals, our primary focus is our patients and ensuring the best care possible for them. This is "Mission Clarity". There are many things that we would like to improve, there are many things that we complain about, but when the "rubber hits the road", we were on track, we showed up, and we did the best we could to provide care for our patients.

Thank you all.

Have an uneventful week

gail

Monday Message, Monday, March 30, 2026

We had a terrific Grand Rounds presented by Greg Hirsch last week updating us on Quality Initiatives.

Quality of care is essential to everything we do and yet I know sometimes our eyes glaze over when we see Quality as a topic. Quality is a key initiative for me and I am glad to see we are moving the ball up the field in so many ways.

Many years ago, we lobbied to get NSQIP for the province. For many years we have been seeing the sea of red and yellow on the reports but finally some green!! I think the aggregate results are not as helpful as they might be and I have asked Greg to share individual surgeon results- anonymized of course-- except that each surgeon will know who they are. We can only really be accountable for our own behaviours and our own results so we need to know our individual results. Soo, this data

will be shared. In the meantime, division heads can go to tableau and look at their own divisions results-- which by itself if very helpful.

The other item discussed was M&M rounds-- or now called quality rounds. The models of cardiac and thoracic were shown wherein all complications are recorded and graded according to the Clavien Dindo classification and presented in aggregate with denominator of all cases done in the month. Collecting all this data is no mean feat but it is important. One bad complication amongst 20 similar cases is very different from one bad complication amongst 5 similar cases.

I would urge each division to adopt this model, this will allow the division to know what work they are doing every month, and what complications occur. Death may be a very rare event for some divisions— but I am certain that there are complications that occur that are worth noting and tracking. Sometimes the monthly data is not alarming but when put together in aggregate over a year, important signals are identified.

Lastly, Greg presented data about ERAS in cardiac surgery. Cardiac Surgery is perhaps unique in the interdependence of surgeons, anesthesiologists, nursing ,perfusion, and critical care in determining patient outcomes. For most other divisions it is somewhat more simple. Although the ERAS society has protocols and rules, and requires someone (a nurse usually) to measure compliance, we can adopt ERAS principles and still improve outcomes. One of the best examples of this is vascular surgery where they simply ensured that all patients received a prescription for statins at the time of discharge. ERAS protocol? No. ERAS principle? Yes.

We can make a difference and improve patient outcomes by taking small steps in the right direction.

Each of us individually can improve the outcomes of our individual patients. These individual outcomes add up.

We can make a difference.

Have a good week

gail