CUTTING EDGE NEWS

APRIL 2025

Welcome

Welcome to Cutting Edge News from the Department of Surgery! This is our inaugural newsletter. I hope you find it interesting and useful. We welcome your feedback and any items you wish to share with DOS.

Since starting at Dal, I have been writing messages every Monday which were often just thoughts or reflections but sometimes contained "news" or updates. Sometimes I talked about initiatives in DOS like our code of conduct. However, I heard many requests for more news type information so finally we have put together this newsletter. I am sure it will need refinement, but we have to start somewhere!

OPOR CIS

CIS = clinical information system. This will replace the current myriad of electronic solutions we currently use: STAR, EDIS, PHS, OneContent, OpNote etc.

The key point is that each individual patient will have an OPOR record which will include their ED visit note, their labs, their consult note from cardiology, their preop assessment by anesthesia, the surgeon's consult note, operative note, discharge summary, everything. Of course, it will not include data from across the province, but ultimately, everything will be integrated into the same system. OPOR will roll out at IWK in August, at QE II in early 2026.

We will all be trained on the system in a step wise fashion starting with online "learning journeys" which will be role specific; followed by in person classrooms learning, then simulations and a "dress rehearsal" one week before going live. Experts will be available to support us ""at the elbow"" once we go live. The OPOR team is recruiting individuals to be "change champions", peer mentors, "provider champions" and transition team members. If you are interested in any of these roles, please check out the OPOR Hub home.

Some "bad" news: There will be a slowdown in clinical activity during implementation including clinics and ORs. The degree of slowdown in clinics is estimated at 50% initially and then ramping back up over 4-6 weeks. The slowdown in the OR will be less significant — only to 80% with the recommendation of fewer cases per OR day not closing ORs.

The other "bad" news is that you will still need your billing system.

Lastly, you will need to use NSHealth email This won't work with Dal email.

Don't worry! We are all in this together.

CZ Periop

The Action for Health plan had a major focus on Access to care. For surgery this meant improving ease of referral, reducing number of patients waiting for surgery, reducing the wait times for surgery and maximizing utilization of our operating rooms. A number of strategies and electronic solutions have been implemented, and we report on our results (milestones) monthly. These are colour-coded red, yellow, and green and if we haven't met our target, we are asked what our plan is to achieve our goal. There is incredible pressure on our CZ leadership team which in turn trickles down to us. I understand and support the need for accountability. We are funded by government using taxpayers' money and they rightly want to know they are getting value for their money. The downside is that our work culture has become strained.

However, in this portion of the newsletter we will be sharing our results. In this first newsletter, we are going to outline some of the background to the strategies adopted.

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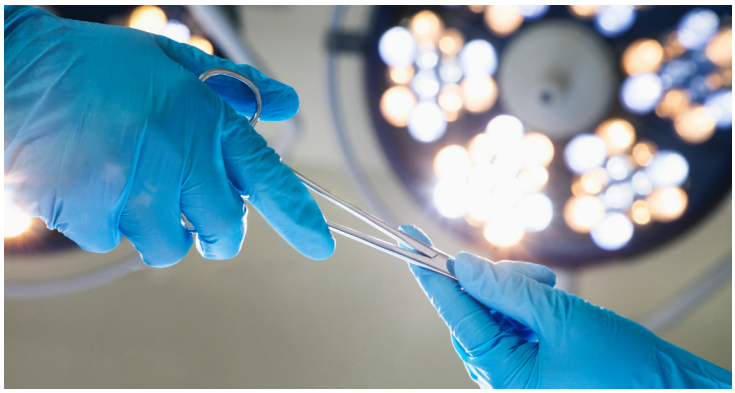

CZ Periop (continued)

Referrals: OCEAN was chosen as the platform to improve ease of referrals. The idea is to have a central single intake for referrals rather than having referring doctors sending requests to multiple providers with the goal of getting their patient seen more quickly. The analogy to this is the line up at US customs and immigration where there is a single line and multiple customs agents and the person at the front of the line goes to the first available custom agent and if that person took a long time, the next person in line just went to the next available agent. Whereas the old Canadian model was multiple lines and multiple agents so if you happened to pick a line where someone was slow or required more extensive questioning, you would wait a long time even if you were second in that line. Also, an electronic tool is supposed to be more efficient and reliable than faxes and phone messages. Additionally, the referring doctor was supposed to include enough info so that the surgeon could easily triage the patient and assign an appointment time which would then be communicated to the referring doctor, the patient and the system. While this sounds fantastic, there are some kinks in the system.

Please send your questions and concerns about OCEAN to Jamie Murphy, the Director of OPOR CCIO e-referral: Jamie.murphy@nshealth.ca

Centralized Booking: this is the strategy to reduce the number of patients waiting for surgery, reduce wait times, improve OR utilization and increase surgical volumes. We have implemented this in CZ with one extra step – that is the suggested OR list is sent to the surgeon for review and the surgeon can change the list. However, if the list is changed, the reasons for doing so are recorded. The suggested list is developed by using the Lucas algorithm which considers the acuity of patients on the wait list as well as their time waiting. For the tool to work reliably, all patients waiting for surgery must be entered into Novari — i.e. be registered on the centralized wait list; and be assigned an appropriate acuity-currently the PARNS code. In the future we will use NSCATS codes where they exist (general surgery, ENT and urology). Under Dr Greg Hirsch's leadership, teams will be struck to develop NSCATS codes for all remaining specialties and these will all be available in the new NOVARI system.

It is very important for surgeons to ensure that all their patients who are waiting for surgery are in the NOVARI system (i.e. centralized wait list) and all patients have been assigned an appropriate PARNS acuity code. Often our admin assistants are assigning the code. We need to make sure they know what we want for that individual patient. If the wrong acuity code is entered, the Lucas tool will not bring that patient forward on the suggested list and their surgery could be inappropriately delayed.

Centralized booking will soon be implemented for endoscopy as well. First step is to get all waiting patients on the centralized waitlist.

Results: At the presentation in February, the CZ surgical waitlist had improved dramatically, and we are just over target (in the green at 106%). We started at 12,682 patients and are down to 8665 (as of Jan 2025). The number of completed surgeries has increased and at 111% compared to 2020, and 69% of surgeries were completed within their wait time benchmark. 17% of patients in CZ have been waiting more than 365 days.

We were funded for 18 additional OR days with the goal of doing 2500 additional surgeries. We have not achieved this goal and in fact are a long way off. However, I would note that we still have 2.5 rooms to open and only opened the majority by the fall of 2024. We can anticipate continued increases in volumes. The other area where we are behind is in OR utilization. The target is 85%. We are in the top 8 sites. DGH: 88%; VG: 80%; HI: 76%; Scotia Surgery: 76%; Hants: 63%. So, still some work to do.

DOS Deliverables

As part of the contract negotiation, we have been working with DHW, NSH, IWK and Dal with DNS to develop a list of deliverables and metrics which will be used to track accountability with respect to our remuneration through the AFP. DNS has informed us that the document has been finalized. This will be shared with everyone once we have received the approved final version. Additionally, all practice plans are being reviewed to ensure consistency, ensure essential elements are present, and that the distribution of remuneration aligns with deliverables. Some have protested about this but as they are our funders, DNS has been clear that they are entitled to review our practice plans.

Welcome Dr Kyla Huebner

This month we welcome Dr Kyla Huebner to the Division of Orthopedic Surgery. Dr Huebner is an orthopedic trauma surgeon who will join the team at HI. Dr Huebner completed medical school at the University of Calgary, Orthopedic residency at Western, Trauma fellowship at Harvard and her PhD under Dr. Cy Frank at the McCaig Institute of Bone and Joint Health at the University of Calgary. Dr Huebner has been a Clinical Assistant Professor at MUN and in full time practice in St John's NL since 2021. She has been active in research including laboratory work in post-traumatic arthritis.

RD 2025 APRIL

DALHOUSIE UNIVERSITY Department of Surgery
RESEARCH DAY 2025
Program and Abstracts

The Department of Surgery Annual Research Day took place on April 8th with 32 terrific presentations and a keynote lecture on AI from Dr Muhmmad Mamdani.

WINNERS

DR. ROBERT STONE TRAVELLING FELLOWSHIP
Dr. Jenna Smith-Forrester
Neurosurgery
"Quality Improvement in Neurosurgery: The Success of the Spine Assessment Clinic in Reducing Post-Op Emergency Department Visits"

BEST RESIDENT PRESENTATION
Dr. Kalpesh Hathi
Otolaryngology
"Patient Perspectives of Quality Compared to Quantity of Life Regarding Orbital Exenteration"

BEST MEDICAL STUDENT PRESENTATION
Olivia Piccolo
Plastic Surgery
"Self Inflicted Hand Fractures as a Predictor of Future Psychiatric Conditions in Pediatric Population"

BEST GRADUATE STUDENT PRESENTATION
Edwin Leong
Microbiology & Immunology Plastic Surgery
"Ketotifen Inhibits the Pro-Fibrotic Phenotype of Activated Skin Fibroblasts"

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