Celebrating surgical success

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“This is incredible progress in improving access to surgery for patients over the past five years, and it is only made possible by the hard work of all RQHR staff and physicians and the input of our patients in our improvement efforts,” said Keith Dewar, President and CEO of the RQHR.

Left to right: Keith Dewar, RQHR President and CEO; Chuck Stewart, Surgical Patient; and the Honourable Dustin Duncan, Minister of Health. Photo credit: Medical Media Services.

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Dewar added that “2014-15 has shown us that we can achieve success by continuing to focus on getting the fundamentals in place and having the entire team focus on achieving our objective and fully engaging our patients in our work. Although we are disappointed there were still 182 patients waiting as previously noted, we feel all of our teams should be recognized and celebrate our significant success to date.”

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“The progress RQHR has made over the past five years to improve patient access to surgical care has been remarkable,” said Health Minister Dustin Duncan. “Everyone involved should be proud that patients are receiving safer, sooner and smarter care.”

The Region kicked off a week of patient and staff celebration of this achievement under the theme Healthy Patients, Collaborative Teams – Celebrating Our Surgical Success!

On Monday, staff were invited to a come-and-go tour of displays and posters created by surgical staff, highlighting their unit’s involvement in reducing the surgical wait list.

Throughout the week, the Region is featuring a different patient’s story each day on its internet and social media channels, so staff and the public can hear the stories of individual patients who benefitted from this surgical success. You can visit the Region’s Facebook channel, www.facebook.com/ReginaQuAppelleHealthRegion, Twitter, https://twitter.com/rqhealth, and online at www.rqhealth.ca/programs/surgical_initiative/celebrating_surgical_success.shtml.

“Much of our surgical success can be attributed to the system-wide teamwork of many disciplines within the RQHR,” said Sandy Euteneier, Executive Director of Surgical Care Services. “This is a huge accomplishment only achieved with a lot of very hard work by a wide group of people, from porters and housekeepers, to administrators, physicians, and patient advisors all coming together and working as a team.”

As surgical volumes increased, the number of hours staff worked to achieve these targets increased as well. Many staff worked weekends to help patients receive their surgery sooner. Staff also helped design short stay units to increase inpatient capacity.

Dr. Mark Ogrady, RQHR’s Department Head of Surgery, said surgical teams in the Region are also pleased with the significant success.

“Our surgical teams have been working very hard to help make this success a reality. Surgeons and anaesthetists worked outside of their normal hours to perform elective procedures. Third party surgical providers provided appropriate outpatient procedures. Additionally, the RQHR Hip and Knee Treatment and Research Centre contributed to the improvement of surgical waits by providing different care management options to orthopedic patients,” he said. “We are very pleased with the success to date and look forward to achieving even more in the coming year.”

The commitment of staff, physicians and patients in continuously improving the effectiveness of our booking processes, scheduling, standard work, and other processes was an important contribution to our success.

RQHR’s surgical team will continue to make improvements in the coming year, while working to further reduce the Region’s wait times for surgery, Euteneier said. Efforts will be made to better manage the pre-operative time patients spend in the hospital and to reduce the time that patients wait after a physician referral to see a specialist. Pooled referrals have been implemented in some services, and this will help to achieve this goal. Lean, which is our approach to continual quality improvement, will be used to enhance patient safety and create a seamless surgical journey for patients.

“We thank our patients, staff and physicians, who have contributed to our success in 2014-15,” said Dewar. “Our commitment to our patients, improving access to services and the provision of safe, quality care will ensure that with continued effort, we can achieve even greater success in 2015-16.”
Please enjoy this special edition of e-link, which highlights these successes and showcases the patient, staff and units’ stories.

Snapshots of success

Thank you

Olga’s story

With a second knee surgery completed, I am well on the road to recovery. I saw a few changes between the first and second surgery, with the major one being the addition of the Hip and Knee Pathway Clinic experience during my second surgery. I felt more prepared, and the group sessions after surgery were a huge motivation for me. Both of my experiences in the Pasqual Hospital were great. Caring staff ensured that I was well taken care of, and they assisted me through my time there.

Once home, in addition to the physiotherapy staff, my wonderful husband, Cliff, became my coach and continues to help me through my recovery.

Thank you to the staff for the great care I received while I got each knee done.

- Olga and Cliff Dillman

To watch a video where Olga and another surgical patient explain what the RQHR’s surgical success means to them, visit www.youtube.com/watch?v=L44z634IXSY.

Thank you

Brad’s story

After getting over the claustrophobic environment of the Magnetic Resonance Imaging machine, my surgery date was set, and in a short six weeks I was wheeled into surgery. The pain I experienced prior to surgery was sometimes immobilizing.

Since my surgery in January 2015, my quality of life is getting better every day.

After six weeks post-op I was feeling remarkably better. The care I received at the Regina General Hospital was nothing short of amazing. As a former member of the Yorkton operating room staff, I tip my hat to the staff’s great work.

It was comforting to see how well the doctors worked together with the operating room staff.

- Brad Moroz

Thank you

Chuck’s story

Dr. Fraser had done an orthoscopic surgery on my knee back in 1993, so when it came time for him to do this surgery in June 2014, I was very confident going in.

Once I got the referral, I only waited 80 days until surgery, which is much faster than I had expected.

The surgery took place at the Regina General Hospital. From the time I got there to the time I was discharged, I was very well cared for.

Recovery went very well and I am getting stronger every day.

It takes time to heal. It’s been nearly one year, and I’m back on my road bike for the first time in a long time.

- Chuck Stewart
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Snapshots of surgical success in….  

Note: Due to space, we could not include each unit’s contribution in e-link. To view all the Celebrating Surgical Success posters, visit http://rhdintranet/rqhr/NewsButton/CSS/CelebratingSurgicalSuccess.htm.

Neurosciences (Unit 5A, Regina General Hospital):  
Neuromodulation Clinic, Stroke Prevention, Therapies, Social Work and Physicians

Our goal was to work with patients as part of our team to implement a smooth, efficient process focusing on the needs of patients during and following surgery by…

• Developing a care plan and standardizing processes to ensure patients receive consistent, quality care;
• Updating whiteboards in each room to ensure staff, patients and physicians are aware of changes to procedures or circumstances;
• Implementing multi-disciplinary rounds at the beside, and;
• Continuing communication with surgeons, regarding the status of neurosurgeries

Staff of Unit 5A. Photo credits: Medical Media Services.

Unit 4C, Orthopedics, Pasqua Hospital

Patients requiring orthopedic surgery were a significant portion of the wait list. Our goal was to work with patients to ensure that they had the best surgical experience possible. We achieved this by improving our capacity and working with patients as part of our team to…

• Develop a personal care plan and date of discharge;
• Identify any barriers to success and make adjustments;
• Understand expectations of mobility following surgery by using mobility flip charts;
• Improve our communication with patients, families and staff by using white boards;
• Learn how to manage pain to allow a greater range of mobility by using pain control charts and standardized processes, and;
• Customize a daily exercise plan that could be continued when patients return home.

The team includes staff from nursing, SWADD, utilization, physiotherapy, occupational therapy, housekeeping, portering, and service aide.

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Snapshots of surgical success, cont’d

Pre-Admission staff
Our role was to prepare patients for surgery. If they understood the procedure, felt confident and supported by our team, they would have a much better surgical and recovery experience.

• We met with each patient as a team including a nurse, anesthesiologist and medical internist. We explained the surgery, answered questions, and completed blood work and an electrocardiogram. Preparing the patient reduced anxiety;
• We standardized our work to ensure patients received consistent, high-quality care;
• Our physician partners worked together to solve problems ensuring that our patients had the best outcome possible, and;
• We brought the services to the patient so they have a one stop shopping experience with easy access and parking.

Unit 6A, Regina General Hospital
As a result of the increased number of surgeries performed, we set processes in place to ensure that beds were available following surgery so that patients did not have their surgeries cancelled. The processes we developed involved…

• Identifying patients who were one, two and three days away from discharge. This allowed us to estimate the beds we would have available in advance, enabling us to respond more effectively to increased volumes of surgery;
• Improving the timely discharge of patients which resulted in 80 per cent of patients being discharged by 2 p.m. and able to return to their homes and communities; and
• Enabling Unit 6A to take in patients from the high volume wait list for people waiting for orthopedic and neurology surgeries.