



SURGERY

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University of Alberta (04 to 12/2021)

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SCN MANAGER

Lesley Barker, RN

KEY PARTNERS

Enhanced Recovery After Surgery (ERAS) International

National Surgery Quality Improvement Program (NSQIP)

INTERIM SENIOR MEDICAL DIRECTOR

Dr. Paul Petrasek MD, MHCM, FRCSCA,

University of Calgary (01 to 12/2022)

Major initiatives and achievements, 2021-2022

The Surgery SCN (SSCN), through both its operational arm and its Scientific Office, has been at the forefront of initiating, driving, implementing and evaluating multiple research and innovation projects. Our ultimate goal is to improve timely access to surgery and improve the quality and safety of surgical care for Albertans. Over the past year, the Scientific Office has contributed to a number of programs that reflect these shared provincial priorities.

Alberta Surgical Initiative

The Alberta Surgical Initiative (ASI) is a joint initiative of Alberta Health and AHS to address long surgical wait times through 4 key strategies:

1. Improve the provision of specialist advice to primary providers before surgery consultation
2. Improve the provision of surgical consultation, including referral and triage
3. Improve the provision of surgery
4. Improve the coordination of pathway development.



Strategies 1, 2 and 4 aim to reduce the time from referral to first surgical consult (known as Wait Time 1), and Strategy 3 aims to decrease the wait time from the surgeon's decision to treat by surgery and the actual surgery (known as Wait Time 2).

Two recent reviews, co-authored by the Surgery SCN leaders, were published in the Journal of Hospital Management and Health Policy discussing approaches implemented in other countries to reduce [Wait Time 1](#) and [Wait Time 2](#) and the evidence of their effectiveness.

To address the long Wait Time 1 issue, a package of interventions has been developed, referred to as the “**Specialty Access Bundle**” (SAB). The bundle consists of an electronic patient referral system, centralized patient referral within each Zone, care pathways for common surgical conditions, new resources for patients to learn about their condition and its treatment, and a service providing surgeon advice to referring providers. The SAB was developed through a partnership between the SSCN, Primary Care, in collaboration with operational leaders and Alberta Health.

In tandem with implementation of the SAB, the SSCN Scientific Office has developed an evaluation framework that includes a SAB logic model, key monitoring measures, and a data matrix to inform decision making and continuous improvement. This work is being led by Dr. Sandy Berzins, SSCN Research Scientist. To date, we have collected, validated and analyzed available baseline data on key reporting measures for the first three specialties implementing FAST (orthopedics, urology and ophthalmology) and worked with researchers in the Physician Learning Program at University of Alberta to adapt an innovative data collection tool, [Sensemaker™](#), to collect near-real-time patient and provider experience.

Supporting equitable access to surgical care with the Rural Surgical and Obstetrical Networks of Alberta

Recognizing the need for equitable and sustainable access to surgical care in the Province and in line with the AHS priority to bring care closer to the community, the SSCN has partnered with the Albert Surgical Initiative (ASI) team; the departments of Family Medicine and Surgery at both the University of Alberta and the University of Calgary; and with the Rural Health Professions Action Plan (RhPAP) to create the Rural Surgical and Obstetrical Networks of Alberta (RSONA).

A white paper on the RSONA will be available in the coming months and will outline six major operational streams: (1) Formalizing a residency program in Enhanced Surgical Skills and Obstetrical Surgical Skills for Rural Family Physicians; (2) Continuing Medical Education; (3) Coaching program; (4) Standardized Privileging Pathway; (5) Continuous Quality Improvement & Research; and (6) Operational & Financial Framework.

Other highlights

Rigorous evaluation of new health technologies and their impact on safety, efficacy, patient outcomes & value

Reinforcing our commitment to use data and evidence to drive decision making, the **Evidence Decision Support Program (EDSP)**, led by Dr. Tara Klassen, performed 51 new health technology intakes, led 5 provincial health technology evaluation trials and authored 3 health technology requests (HTR), 2 evidence packages (HTR-EP) and 3 technology checks (TC). Dr. Klassen also provided her expertise to inform multiple quality improvement, implementation science and change improvement programs.

In addition, 18 presentations were made to a wide range of provincial and national stakeholders involved in surgical innovation, including the AHS Patient Safety Leadership Group (PSLG), Covenant Health Operational Procurement Evaluation Committee (OPEC), Canadian Agency for Drugs and Technologies in Health (CADTH), Coordinated Accessible National (CAN) Health Network, Ontario Quality Health, and BC Health Technology Assessment Committee (BC-HTAC).

Two of the most recent and notable accomplishments by the EDSP are (1) a clinical trial for [a magnetic-based localization system for early-stage breast cancer](#), and (2) [guidance for timing of surgery after COVID-19 infection](#). This work has received significant attention across Alberta and internationally and is an excellent example of applied science and decision support.

Impact on health and care in Alberta

Together with its clinical and research partners, the Surgery SCN continues to advance knowledge and implement practice changes that aim to:

- Increase access to surgical consultation and treatment and reduce wait times for elective surgeries
- Improve the quality and safety of surgical care and provide data to better track surgical demand, utilization and performance
- Support appropriate use of surgical resources, optimize efficiency, and improve coordination and communication across care providers
- Improve outcomes, safety, value and patient/family experience for Albertans who need surgical care

Over the past year, the surgery SCN has made the strategic decision to consolidate surgical quality projects (specifically ERAS, NSQIP and the Safe Surgery Checklist) into one program led by Renee Duckworth, Provincial Manager of Surgical Quality. Several provincial initiatives are currently underway to improve patients' outcomes while improving health system efficiency. Notable examples include:

- Surgical Site Infection – Provincial Learning Collaborative “Working Together across Alberta to Reduce Surgical Site Infections”
- The creation of a Surgical Outcomes Measurement System (SOMS) to align and integrate ERAS and NSQIP protocols and practices and work toward an integrated provincial surgical outcomes management system.

Actions and areas of focus

- Improving access to integrated surgical care from consultation to treatment to transition and recovery, and supporting implementation and evaluation of ASI and strategies to address surgical wait times
- Providing safe, high-quality surgical care, including expanding the use of Enhanced Recovery After Surgery (ERAS), the National Surgical Quality Improvement Program (NSQIP) and Safe Surgery Checklist
- Building a strong surgical community across Alberta
- Expanding use of surgical data, analytics and evidence to guide decisions

SURGERY

Grants and Publications



40

Peer-reviewed Publications



32

Workshops & Presentations

Outcomes and Impact

Alberta study (2021) evaluating provincial implementation of multiple ERAS pathways shows improved system-level performance, including:

- increased guideline adherence
- decreased length of stay
- no difference in hospital readmissions or complications
- an estimated \$34M in savings (2013-2018)

[Read full publication](#)



\$4.4M

Research Grants



50

Research Members

Preliminary data from the magnetic surgical markers trial for early-stage breast cancer patients shows **equivalent or better clinical outcomes & improved patient and clinician experiences** compared to existing approaches

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