

## **Twenty-nine Ontario hospitals compare themselves to international peers on surgical quality**

**TORONTO, NOVEMBER 23, 2017** – A new report by Health Quality Ontario focuses on 29 Ontario hospitals who are participating in an international quality improvement program for surgery. Hospitals in Ontario performed just as well or better than their international peers on key metrics before, during and after surgery. Nearly 700 other hospitals around the world participate in this program.

The report, *Quality Surgery: Improving Surgical Care in Ontario* also shows areas for improvement.

This international program collects and compares surgical data on 14 indicators. More than data, it also provides hospitals with best practices and programs to reduce the risks of post-treatment complications, and to make every stage of surgery as safe as possible.

“Ontario hospitals are stepping up to deliver on patient safety, showing a clear commitment to reduce complications after surgery and improve care,” says Dr. Timothy Jackson, Provincial Surgical Lead at Health Quality Ontario. “They are using high quality data to benchmark performance and identify areas for quality improvement.”

All 29 participating Ontario hospitals are performing at expected levels or better than expected on:

- *C. difficile*: a common hospital-acquired infection that affects the colon
- Extended ventilation: patients needing ventilation longer than 48 hours after surgery (which can increase the risk of pneumonia)
- Unplanned intubations: patients unexpectedly needing a breathing tube during or after surgery

Areas where the majority of the 29 hospitals highlighted in this report are performing as expected or better than expected are:

- Mortality: a measure of the overall rate of death during or in the 30 days following surgery (*96% of the 29 hospitals were as expected or better than expected*)
- Return to the operating room: patients needing another surgery to address a complication (*96% of the 29 hospitals were as expected or better than expected*)
- Pneumonia: breathing devices like ventilators can increase the risk of lung infections (*96% of the 29 hospitals were as expected or better than expected*)
- Blood clots (venous thromboembolism or VTE): patients generating blood clots because they aren't as active during recovery and their blood flows more slowly (*96% of the 29 hospitals were as expected or better than expected*)
- Heart complications: heart attacks or cardiac arrest because of stress on the heart due to surgery (*92% of the 29 hospitals were as expected or better than expected*)

- Hospital readmissions: patients readmitted to hospital due to complications like infections or blood clots *(96% of the 29 hospitals were as expected or better than expected)*
- Kidney failure: kidney injury during surgery which can affect the kidney's function or even lead to kidney failure *(92% of the 29 hospitals were as expected or better than expected)*
- Sepsis: a life-threatening illness caused by the body's response to infection *(85% of the 29 hospitals were as expected or better than expected)*

Areas where most of the 29 participating hospitals have the most room for improvement are:

- Surgical site infections: different levels of infection setting into the incision or body part involved in the surgery *(50% of the 29 hospitals needed improvement)*  
Morbidity: the overall rate at which patients experience common complications *(38% of the 29 hospitals needed improvement)*
- Urinary tract infections: infections in the bladder and urinary tract that have an increased risk due to catheters *(35% of the 29 hospitals needed improvement)*

“During their time in the operating room and in the days of recovery that follow, surgical patients are vulnerable and their safety is of prime importance,” says Dr. Joshua Tepper, President and CEO of Health Quality Ontario. “Hospitals are to be commended for embracing a proven program of data gathering, program enhancements and culture change to improve the quality of care they provide to surgery patients.”

The program is already helping to improve care at hospitals like Oakville Trafalgar Memorial Hospital where they have reduced surgical site infections by 50% using the program's data and best practices. For example, a new change implemented by the hospital is that patients must use antiseptic body wash the day before and day of their surgery.

“If you want to make things better, you have to measure them,” says general surgeon Dr. Duncan Rozario at Oakville Trafalgar Memorial Hospital. “Sometimes you need a protocol and program to make real change.”

For a closer look at how quality improvement efforts have been implemented at Ontario hospitals, see the full *Quality Surgery: Improving Surgical Care in Ontario* report for patient stories and surgeon insights at [www.hqontario.ca/surgicalquality](http://www.hqontario.ca/surgicalquality).

#### **Additional Facts:**

- Surgeons performed over 600,000 adult surgeries in Ontario in 2016-2017.
- 46.4% of Ontario's adult surgeries now take place in a hospital that is part of this surgical quality improvement program.
- 29 Ontario adult hospital facilities were included in the Health Quality Ontario comparison after voluntarily participating. 31 Ontario hospitals are now participating in the program

- This is the largest quality improvement network of its kind in Ontario.
- Worldwide, nearly 700 hospitals are taking part in the program.
- Hospitals in the following provinces are also taking part: British Columbia, Alberta, Saskatchewan, Quebec and Newfoundland.

### **About Health Quality Ontario**

Health Quality Ontario is the provincial advisor on the quality of health care. With the goal of excellent care for all Ontarians, Health Quality Ontario reports to the public on how the system is performing, develops standards for what quality care looks like, evaluates the effectiveness of new health care technologies and services, and promotes quality improvement aimed at sustainable positive change. Visit [www.hqontario.ca](http://www.hqontario.ca) for more information.

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