



Perth and
Smiths Falls
District Hospital



Surgical Services

Presented to:

PSFDH Board of Directors
April 2024

Presented by:

Brian Smith, VP Patient Care
Dr. Roberts, Chief of OR
Wendy McPhee, OR Clinical Manager

Patient Stories:

1. I'm writing to you to thank your team for the incredible care I received on Feb 25. Of all days, today - on International Women's Day - I would like to pass on my deepest gratitude to the all-female team that cared for me when I underwent a hysterectomy. Pre-op, the surgery itself, and post-op care were all performed by caring, patient women who I would like to commend.

My nurse Cathy for holding my hand, bringing me a warm blanket and overall care while I was scared.

Christine Nadeau my anesthesiologist who was also from Montreal. She patiently explained to me two procedures, what their benefits were. When I was nervous she went above and beyond and retrieved an ultrasound machine to ensure the spinal would be possible.

Huge thank you to my Dr Cecilia Kerner for being attentive to me and performing the surgery with care; she is the greatest factor to my recovery and catalyst to my healing.

2. Yesterday I was a patient of day surgery (colonoscopy) in Perth. I wanted to write to say how impressed I was with the efficiency of all aspects of the operating room staff. Jamie was the nurse who checked me in and she was very thorough and clear in explaining the pre-op instructions. Both the nurse and anesthesiologist were friendly and chatty, yet professional (both male, but I don't remember their names). And of course Dr. Morrell, who even made a funny joke to put me at ease as it was my first colonoscopy. It was a very busy spot, but everyone moved about effortlessly, helping those who asked for something and asking when they saw someone that needed help.

Thank you and well done

Staffing and Medical Models:

Perth (2 Operating Rooms)

Smiths Falls (3 Operating Rooms)

- Clinical Manager – 1
- Nurses – 27 RN's
6 RPN's
- Surgeons – 5 + Locums
- Anesthetists – 6 + Locums

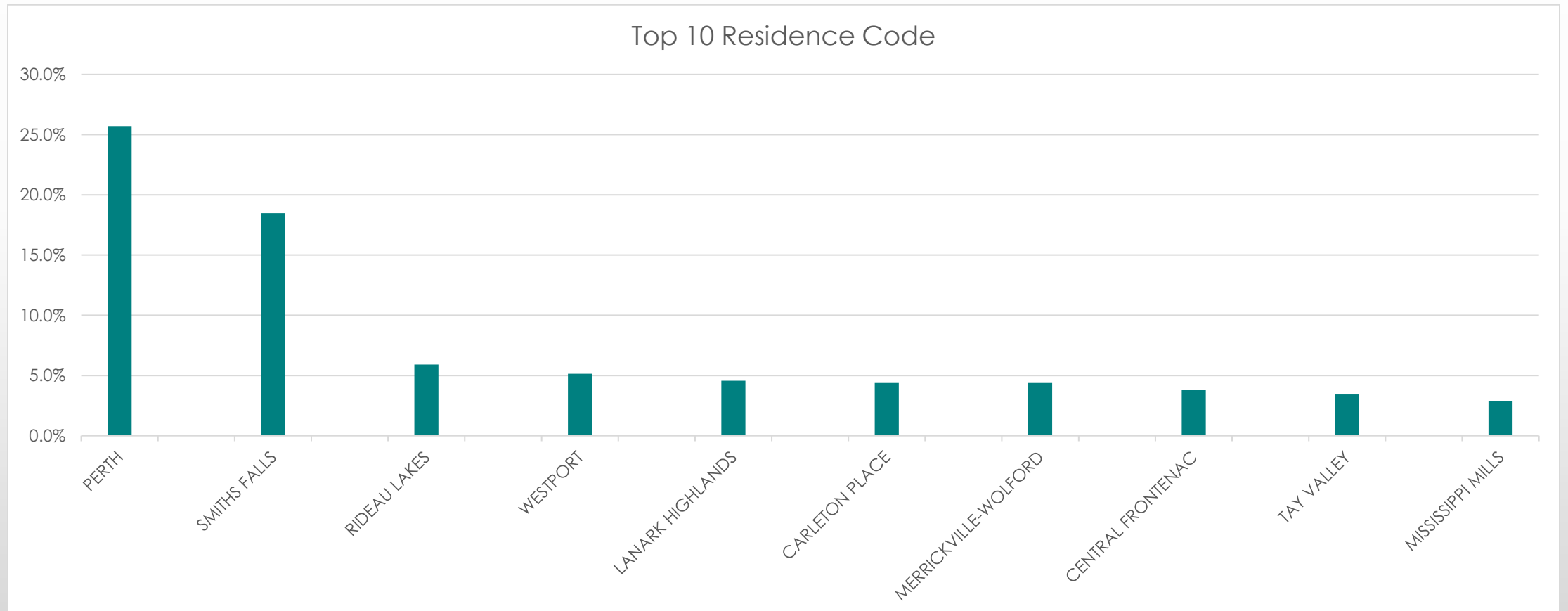
Surgical Services:

- Pre-Op Assessment Clinic
- OR/Pre-Admission Scheduling
- Operating Rooms
- Post Anesthesia Care Unit
- Medical Device Reprocessing
- Med/Surgical Inpatient Unit
- Ambulatory Care Clinics
- OR Booking Office

Surgical Program:

- Orthopedics
 - Total Joint Replacement (hip/knee)
 - Shoulder
- General Surgery
- Ophthalmology
 - Cataracts
- Endoscopy
- Gynecology
 - Colposcopy Clinic
 - C-Sections, Gynecology procedures
- Urology
 - Local Cystoscopy
 - Nephrectomy
 - TURP, Plasma Button
 - Lasertripsy

Population Focus:



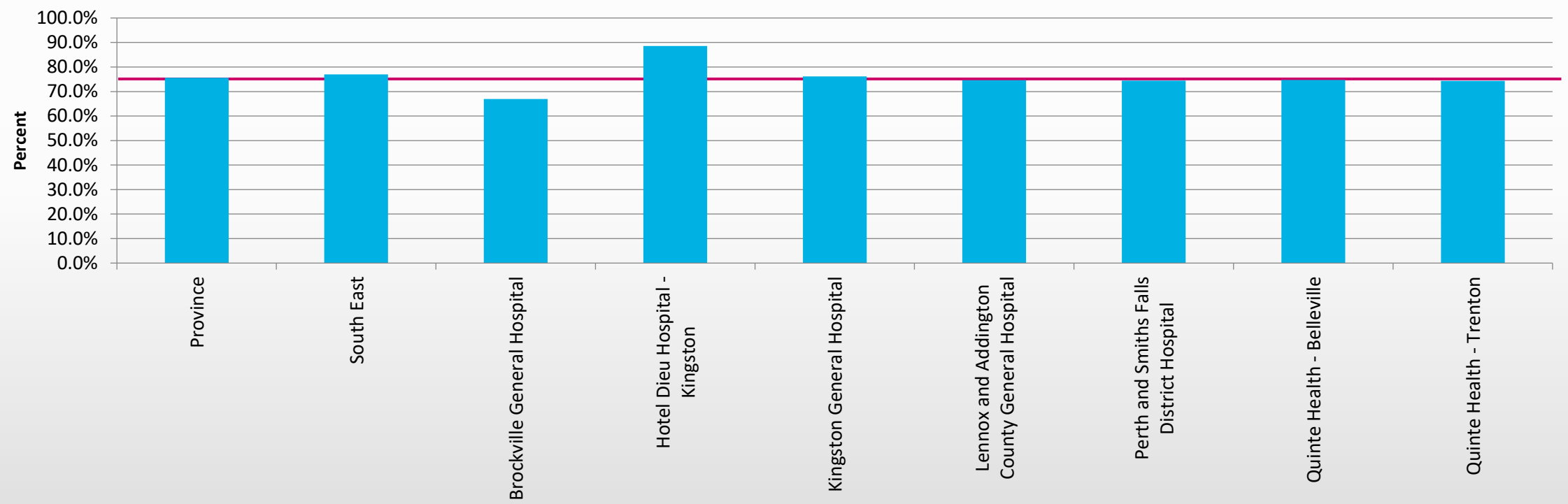
Surgical Program: Surgical Efficiency Targets Program (SETP)

Perth and Smiths Falls District Hospital

SETP – KPI Metrics	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
Total OR Volume	2,498	2,168	2,264	2113	2388
Total Cases <small>Including Endo/Cysto</small>	5,511	5,845	-	-	5,544
% On Time Start – First Cases	46%	56%	73%	57%.	76%
% On Time Start – Subsequent Cases	40%	37%	45%	43%	52%
% On Time Finish – Last Cases	14%	16%	37%	17%	24%
Average Case Duration (min)	62	65	68	59	50
Average Turnover (min.)	23	22	23	22	16

Key Performance Indicators:

All Services - % OnTime Start - First Cases



Funding Models

1. Base Funding
2. Quality Based Performance (QBP)
3. One-time Funding

Quality Based Performance (QBP's) - Performance

QBP Description	Allocation	Volume Complete 25-26	% Complete
Total Knee	300 (includes KHSC)	229	76%
Total Hip	160 (includes KSHC)	164	103%
Shoulder	42	51	120%
Shoulder Athroscopy	-	41	-
Cataracts	834	824	99%

Quality Based Performance (QBP's)

1. Hip Replacement – unilateral
2. Knee Replacement – unilateral
3. Hip/Knee Replacement – bilateral
4. Shoulders
5. Non-cancer Hysterectomy
6. Cataracts

Wait Time Information System

- We collect and report information on patient access to services
- **Wait 1** (referral to consult)
- **Wait 2** (decision to treat to surgical procedure)

Wait Times

Wait 1	Wait 2
Time between a patient's referral to a specialist and their first appointment	Time from the specialist's decision to proceed with surgery to the actual surgery date

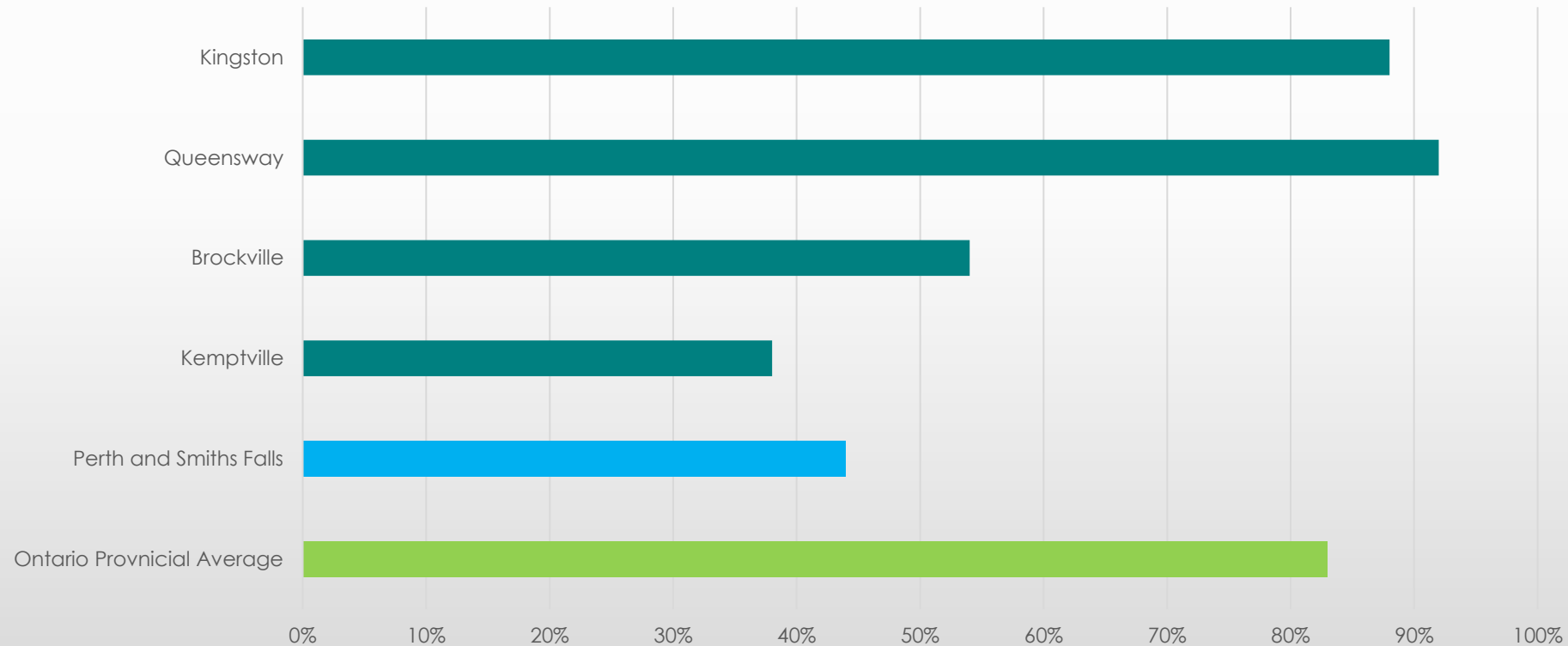
Priority Scales

Priority 1	Priority 2	Priority 3	Priority 4
Seen right away	Target time 42 days	Target time 84 days	Target time 182 days

Wait Time Information System – Knee Replacement

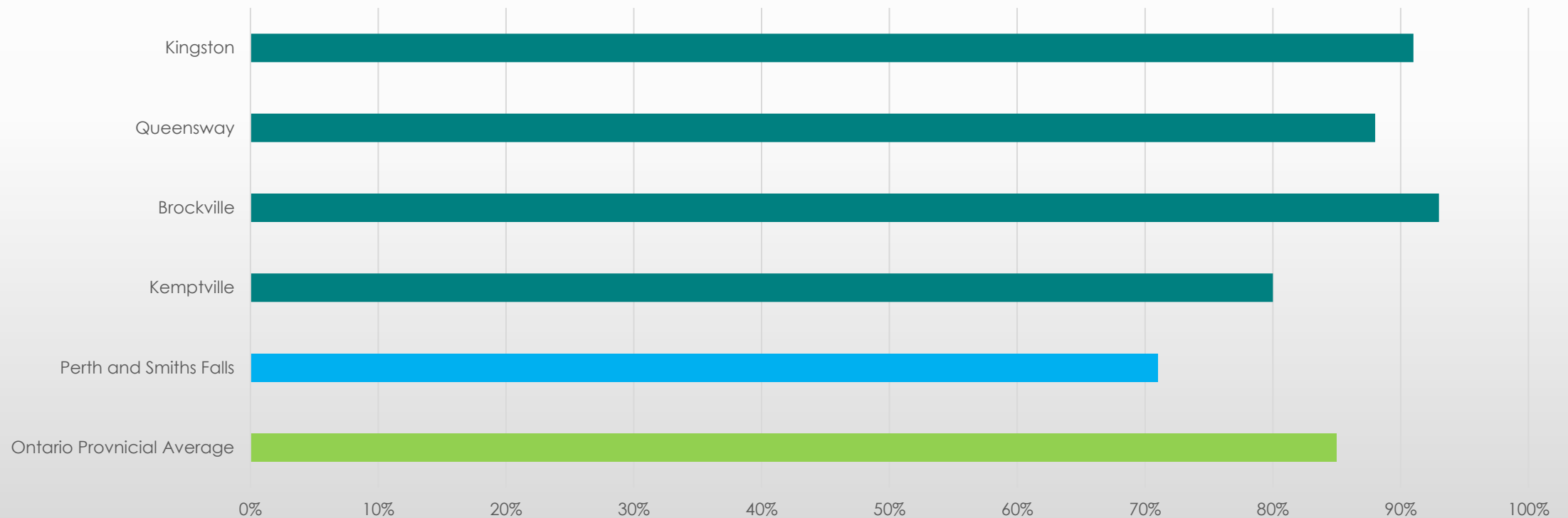
Wait 1

Overall Wait 1 - Knee Replacement



Wait Time Information System – Hip Replacement Wait 1

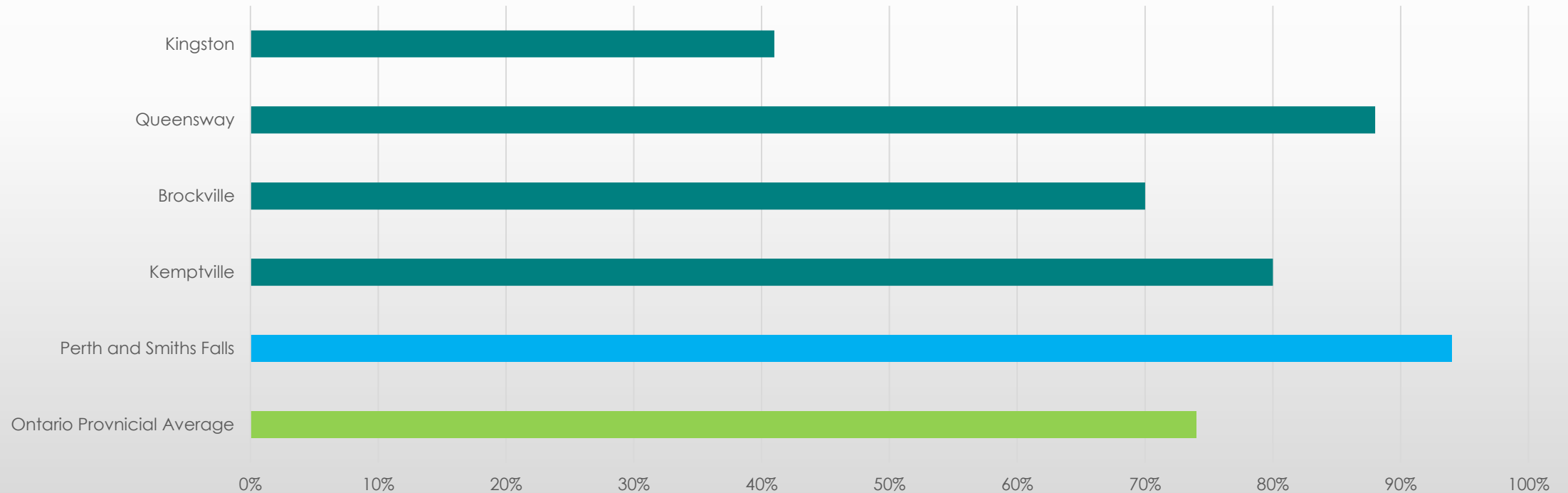
Overall Wait 1 - Hip Replacement



Wait Time Information System – Knee Replacement

Wait 2

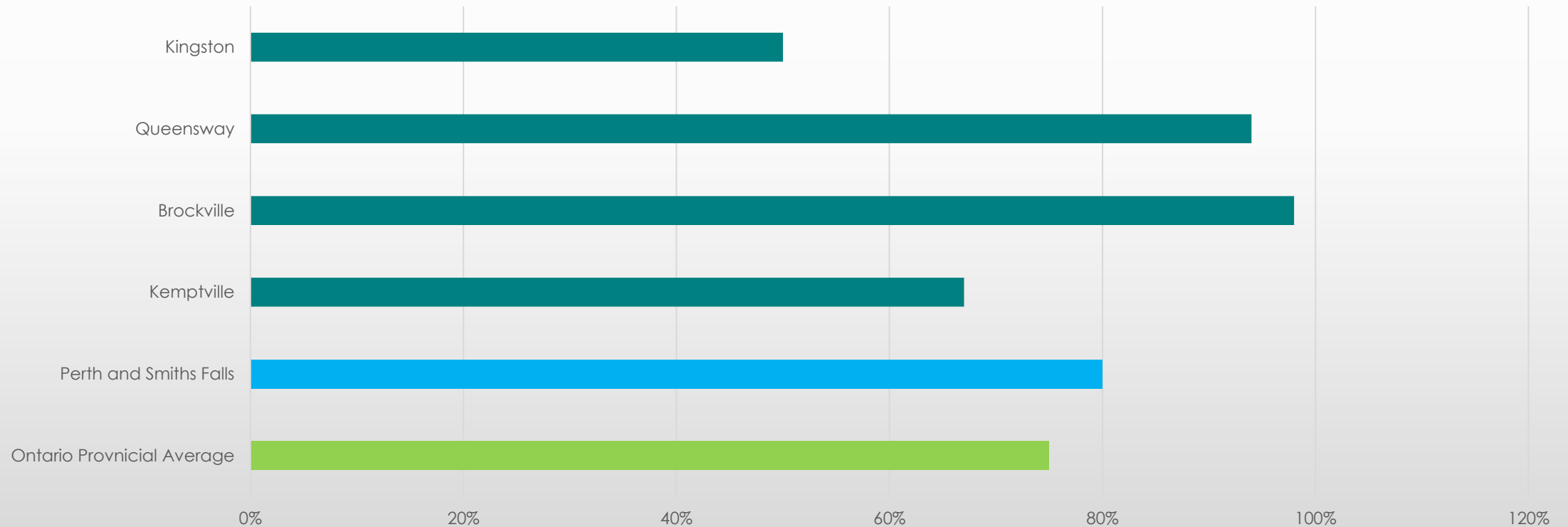
Overall Wait 2 - Knee Replacement



Wait Time Information System – Hip Replacement

Wait 2

Overall Wait 2 - Hip Replacement



Risks and Mitigation:

Capital Replacement:

- The OR has several key pieces of equipment and technology/devices that require replacement

Mitigation Strategy:

- All capital items are identified and prioritized for replacement
- Working with the Foundation to identify top items and working with Finance with mitigation/contingency

Quality Improvement Initiatives 2026-27

1. Lumeo – Oracle/Cerner
 - Transition from Stabilization to Optimization
 - Key priorities – order sets
2. Key focus on OR Utilization – Room Turnover Time
3. Continue to negotiate QBP allocations to match actual volume – joints, shoulders (partner with KHSC)
4. Renew ROSA Hip – 26-27 will introduce ROSA Knee and consider the use of MyMobility (software for patient reported outcome measures)

Questions?

