



UNIVERSITY OF OTTAWA
ORTHOPAEDIC SURGERY



Division of Orthopaedic Surgery Annual Highlights 2025-2026

The Division of Orthopaedic Surgery continues to strive to improve the quality of patient care with a strong focus on Patient Safety and Quality Improvement. According to Qualtrics data, our overall rating of care for day surgery was 90.5% for the 2024/2025 fiscal year. We hold ourselves to a high standard, and strive to improve the patient experience in both outpatient and inpatient care. Below are some examples of our current initiatives.

Performance Scorecards

During the 2025 year, we continued to build on the previous years' initiatives. As per the previous two years, we continue to provide the surgeons in each Clinical Practice Unit (CPU) within the Division with individual performance metrics via scorecards. Scorecards are comprised of information relating to primary elective procedures at the inpatient campuses and our satellite sites including Kemptville District Hospital (KDH) and Hawkesbury General Hospital (HGH).

The following variables were provided to each surgeon for all primary cases:

- 7-day post-operative Emergency Department visits
- 30- and 90-day post-operative readmission rates
- Superficial and deep infection rates
- Revision and reoperation rates

Patient-Reported Outcome Measures (PROMs) + ConEHR

Our division closely tracks patient-reported outcome measures (PROMS) in all clinical practice units using a prospective Quality database, ConEHR. These measures are monitored to allow for the provision of excellence in care in all services we provide.

Patient Feedback Letters

We receive a number of patient feedback letters. A majority of our patient experience letters are extremely positive. We take negative feedback very seriously and always seek to improve.

Ongoing Key Initiatives

1. Hip Fracture Care

Time-to-OR



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During the 2022 year, the Canadian Institute for Health Information published metrics for timing of hip fracture care once admitted to hospital. Only 75% of patients had surgery within 48 hours from the time of admission. A new initiative to prioritize hip fracture cases led to dramatic improvement in this metric, now at 89.1%. Upgrading surgical booking the morning following admission significantly improved access to OR time, with a marked improvement in secondary health metrics.

Delirium

Delirium rates in the hip fracture population were flagged through NSQIP as an area for improvement as the incidence at TOH was higher than expected. Various measures have been enacted to address this and the incidence of delirium in hip fractures continues to improve.

Venous Thromboembolism (VTE) Prophylaxis

Inconsistent VTE prophylaxis dosing was identified as a possible risk factor for post-operative deep vein thrombosis (DVT) following hip fractures. We continue close collaborations with Pharmacy and Thrombosis, after creating a Divisional Standardized Operating Procedure (SOP) for VTE prophylaxis in hip fracture patients.

2. Streamline Stable Non-Operative Pelvic Fractures to Rehabilitation

We are actively working with one of partner institutions, Bruyère, to streamline patients transfers via expedited referrals to a rehabilitation program. This benefits all patients by creating an efficient pathway to get patients the best care possible for their needs while creating additional room for acute in-patient care.

3. Prosthetic Joint Infection (PJI) Care and Prevention

All infections in joint replacement are carefully tracked. These ongoing evaluations have led to early pre-operative optimization for patients to mitigate infection risk amongst various other measures.

In summary, our goal is to provide the highest quality care for orthopedic patients in Canada. Our robust quality program continues to serve to allow us to achieve this.