

Dr. James McInnes

“Smoking Cessation prior to Elective Surgery: Quality Improvement in a Centralized Intake Clinic Model – Assessment to Implementation”

Hip and knee arthroplasty, together, represent the second most common in-patient surgeries in Canada and therefore represent an ideal target for surgical optimization in orthopaedic surgery. Smoking is a recognized modifiable risk factor in pre surgical patients which can lead to increased peri and post-operative complications. Surgery itself represents an incentive for smoking cessation and existing wait times, though decreasing, may be viewed as providing an opportunity for optimization interventions.

We plan to approach the issue of smoking in pre-arthroplasty patients in our local clinic and arthroplasty hospital through the application of described quality improvement tools. The project will encompass initial assessment of the current model and focus on identifying and, later correcting, root causes and care gaps through an iterative series of change ideas directed at improving rates of pre-operative smoking cessation. If successful, the improved process will ideally be expanded to involve all elective orthopaedic patients in our central intake clinic, and possibly other surgical specialties.