GENERAL SURGEON STATEMENT

ON

ACUTE CARE GENERAL SURGERY TIME

The Canadian Association of General Surgeons (CAGS) supports the statement on acute care General Surgery time.

The most important work that any surgeon can do is to provide emergency surgical care. With the advent of Emergency General Surgery (EGS) or Acute Care Surgery (ACS) programs in the 1990s, the importance of daytime emergency OR time for general surgery was identified. This has resulted in expedited surgical care and reduced nighttime burden on OR staff. However, in many institutions, definitive surgical care remains delayed to late hours of the night because of lack of daytime access to the operating room. Daily acute care surgical time is a necessary component of both academic and community hospitals. It carries many advantages:

1. Decreased overtime and fatigue of all members of the perioperative team, including but not limited to nurses and anesthesia.
2. Better cognitive/motor performance of surgeons and improved operative outcomes.
3. Improved patient flow and satisfaction with expedited surgical care and patients spending less time occupying hospital beds, resulting in significant perioperative efficiencies and health care savings.
4. The shift of surgeries to daytime hours where appropriate facilitates more rapid after-hours access for the most emergent surgical patients. (e.g., major trauma or C-section).
5. More reliable and on-site surgeon and OR staff backup for complex emergency cases.

In order for a hospital to best implement acute care surgical time, the following factors should be considered:

1. Many emergency general surgical procedures are performed on inpatients that need to be done within 12-36 hours. As such daytime access to emergency operating rooms is required every day of the week or at least most days.
2. There is variance day to day on the acuity and number of emergency surgeries to be performed. As such, it is expected that some emergency surgeries will still need to occur after hours. A significant amount of the time that may be needed for a program spent on emergency general surgery can be redistributed to regular working hours. Time should be adjusted periodically as data supports.
3. Acute care surgical services with a assigned daytime general surgeon can make use of open surgical time that may have otherwise been under utilized.
4. Each hospital and surgical service functions differently. It is important that the general surgeons within the institution define how allotment of added day time emergency slots integrates with established elective time. As an example, this may include blended elective-emergency lists which will ensure full utilization of OR time.

CANADIAN ASSOCIATION OF
General Surgeons

General Considerations:

1. Emergency time (day or night) should not be based on prioritizing the workflow of individual surgical groups. A number of hospitals have emergency waitlists without a clear process of how operating room cases should be prioritized. This can lead to conflict between surgeons, OR inefficiencies, and potentially have a negative impact on patient care. Emergency surgery prioritization protocols should be patient focused and based on pathophysiology with consideration for practical operating room logistics.
2. Emergency OR time should always be prioritized for expediting urgent and emergent inpatient surgeries. There is inherently more healthcare benefits and cost savings with emergency time prioritized to patients occupying hospital beds.
3. Emergency surgeries should be the priority of daytime OR staff and anaesthesia who do not have another ***critical assignment***. This would allow for optimal utilization of OR staff and resources. At the same time, performing these surgeries should minimize the effect they have on regularly scheduled elective OR cases, unless the specific urgency requires it to do so.
4. Where appropriate, dedicated acute care surgeons available during the day to perform these surgeries could allow for efficiencies resulting in better patient care.

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