VERNON JUBILEE HOSPITAL
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RAG Time: A Shared Care Protocol For Rapid Access General Surgery To Convert Inpatient After Hours To Outpatient Daytime Operations At A Community Hospital

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Introduction
After hours surgery has been associated with poorer patient outcomes and surgeon burnout. A Rapid Access General surgery (RAG) pilot protocol was implemented at the Vernon Jubilee Hospital in January 2021 where surgeons seeing patient in the emergency department could access dedicated operating time, usually within 2 weeks. A half OR slate was kept unbooked on Thursdays. Appropriate patients discharged from the ED were scheduled into this time, usually with a different surgeon than the initial triaging surgeon. Any unused RAG time 7 days out was filled with other elective patients.

Methods
Procedure and wait time of RAG patients were tracked prospectively for one year. The number, procedure type, and urgency class of after hours surgeries were analyzed during the same period and compared with the six-month period prior to implementation of the RAG protocol.

Results
31 patients were booked in 25/47 of RAG time slates (53%). In 22/22 (100%) of the remaining unused RAG time was filled with elective patients. RAG time patients included 14 laparoscopic cholecystectomies, 11 inguinal hernias, 2 colon resections, 2 incisional hernias, 1 umbilical hernia, and 1 portacath removal. The mean wait time was 1.6 weeks. All but one patient was discharged and then booked for outpatient surgery. There was 1 postponement due to blood thinner not being discontinued. There were no differences in mean number of after hours cases of any urgency class pre- and post-RAG implementation. However, the proportion of laparoscopic cholecystectomy performed out of all E3 (<24h) after hours surgeries decreased from 71% to 60%. The proportion of emergency hernia surgeries decreased from 5.6% to 2.6%.

Conclusions
The RAG protocol converted many patients, mostly gallbladder and hernia patients, from after hours to scheduled outpatient day time surgery with decreased hospital bed utilization. The proportion of cholecystectomies and hernia operations performed after hours was reduced after implementation. Further study is required to determine if outcomes are improved by converting after hours to daytime surgery with this protocol.

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