RITE-Size
RIGHT-SIZING TESTING BEFORE ELECTIVE SURGERY

Insert your institutional logo here

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Greetings (Insert site name here),

I am writing on behalf of (insert your institution-department here) to make your practice aware of ongoing efforts to reduce unnecessary preoperative testing before low-risk surgeries. We felt it would be beneficial to share some information with you given our dual roles in preparing our patients for a safe surgery.

Our site is engaging with multiple state-wide collaborative quality improvement teams (ASPIRE/MPOG, MPrOVE, MSQC, MVC) to decrease rates of unnecessary preoperative testing before low-risk surgery (e.g., breast lumpectomy, inguinal hernia repair, and laparoscopic cholecystectomy). There is overwhelming evidence that routinely performing preoperative tests (e.g., blood tests, EKGs, urine tests, chest x-rays, and stress tests) on patients undergoing low-risk surgery does not improve outcomes, may be misinformative and introduce delays, and wastes healthcare resources.

We encourage you to review the resources on the following page and implement them within your preoperative clearance practice for patients referred for one of the low-risk surgeries mentioned above. All of these resources are evidence-based and derived from multiple national societies' recommendations. Of course, these decision tools do not override your own medical decision-making; they are guidelines to aid in making coordinated preoperative testing decisions within our care teams.

If you have any questions, please reach out to me or the contacts provided on the next page.

Thank you for your consideration and assistance as we work to reduce low-value care in our hospital and the state of Michigan. Please share widely within your practice as appropriate.

Best,

Your Name
Role, Institution

RITE-Size: Right-Sizing Testing Before Elective Surgery

Frequently Asked Questions:

Who are ASPIRE/MPOG, MPrOVE, MSQC, and MVC?

- **MPOG: Multicenter Perioperative Outcomes Group:** MPOG consists of over 70 participating hospitals who share their mission to promote safe and evidence-based perioperative care for all patients through collaboration, research, education, and quality improvement.
- **MPrOVE: Michigan Program on Value Enhancement:** MPrOVE works to identify, design, and rigorously and rapidly evaluate specific projects focused on improving quality and demonstrating the value of clinical services at Michigan Medicine and beyond.
- **MSQC: Michigan Surgical Quality Collaborative :** A collaborative of Michigan hospitals dedicated to overall surgical quality improvement, including better patient care and lower costs. They host a robust regional registry to analyze the issues, identify the best practices, and disseminate them widely.
- **MVC: Michigan Value Collaborative:** A partnership between Michigan hospitals, physician organizations, and BCBSM/BCN. MVC uses claims data to understand variation in healthcare use and identify best practices, and supports statewide collaboration on interventions that improve the value of care before, during, and after hospitalization.

Why was this letter sent to your practice? / Why is it important for PCPs to be engaged?

- Clearing a patient for surgery is a team effort with the shared goal of patient safety in mind. Over-ordering tests can often happen when providers aren't on the same page with one another about what is necessary. Our team has adopted a testing policy and decision aid based on national guidelines that will help expedite the preoperative process while preventing the potential drawbacks of unnecessary testing. We want you to be aware of these decisions and recommendations as part of the care team.
- We know some preoperative testing orders may come from your office when patients are referred for preoperative clearance or other preoperative appointments. The surgical and anesthesia teams will be following the enclosed guidance; there is no need to order additional testing unless you deem it clinically necessary.

What are the target procedures and tests?

- This initiative focuses on reducing tests before breast lumpectomy, inguinal hernia repair, and laparoscopic cholecystectomy for internal data reasons, but the same approach is also appropriate for other common low-risk procedures.
- The tests of interest include blood tests (e.g., CBC, BMP, CMP, PT, PTT), EKGs, urine tests, chest X-rays, and stress tests.

What if providers still want to order preoperative tests?

- Individual decisions about testing will remain at the discretion of the treating clinicians. The intent of sharing these resources is to provide *guidelines* and decision support in use by our surgical and anesthesia care teams regarding specific preoperative tests for low-risk surgical cases (as defined by both the surgical risk and patient risk).

Questions?

If you have questions, please contact the faculty leads or project managers for this initiative.

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Learn more at our website: RiteSizeTesting.org

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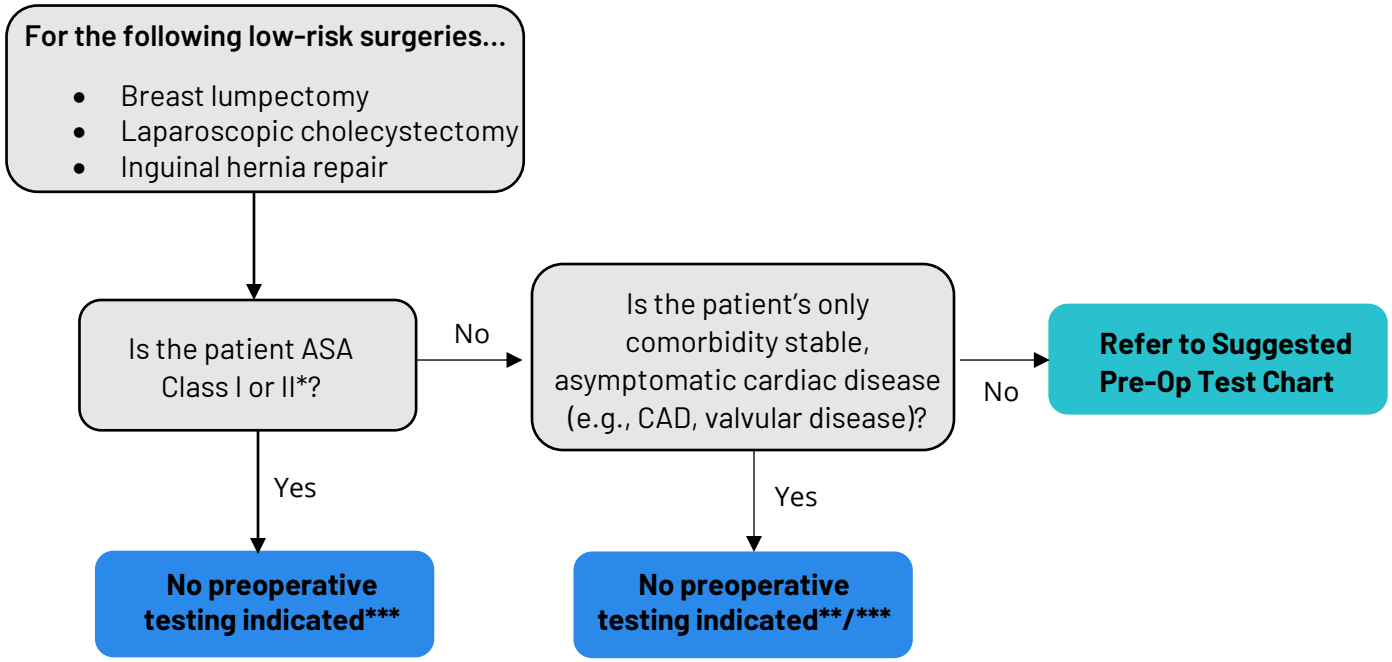
Suggested Preoperative Testing Decision Aid for Low-Risk Surgeries



***American Society of Anesthesiologist (ASA) Physical Status Classification System:**

ASA Class I: Normal healthy patient. Non-smoking, no or minimal alcohol use, no acute or chronic disease, normal BMI.

ASA Class II: Mild systemic disease without substantive functional limitations. Current smoker, obesity (30<BMI<40), well-controlled DM/HTN, mild lung disease.

ASA Class III: Severe Systemic disease with substantive functional limitations, poorly controlled DM/HTN, COPD, morbid obesity (BMI ≥ 40), active hepatitis, alcohol dependence or abuse, pacemaker, moderate reduced EF, ESRD on dialysis, prior MI, CVA, TIA, or CAD/stents > 3 months ago

**May consider EKG if none available within the past ~6 months

***Except recent (3-6 months) potassium if on diuretic

All recommendations in this document pertain to non-pregnant, adult patients undergoing low-risk procedures. They do not replace clinical judgment and are intended as guidance only.

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Suggested Preoperative Tests for Patients Undergoing Low-Risk Surgery Who Are ASA III or Above

This chart does not replace clinical judgment and is intended as guidance only

	CBC	T&S	BMP	LFTs	INR/PT/PTT	EKG
History of anemia, thrombocytopenia	■					
Cardiovascular disease	■					■
Anticoagulant use or history of bleeding disorder	■	■			■	
DM/major endocrine disease, prior electrolyte abnormalities, use of diuretics, antiarrhythmics, ACE/ARB			■			
Kidney disease	■		■			
Liver disease or risk of malnutrition			■	■	■	
Peripheral/cerebral vascular disease, cardiac risk factors, new cardiac symptoms			■			■

CBC: Complete blood count

T&S: Type and screen

BMP: Basic metabolic panel

LFTs: Liver function tests

INR: International normalized ratio

PT: Prothrombin time

PTT: Partial thromboplastic time

EKG: Electrocardiogram

ACE: Angiotensin-converting enzyme inhibitors

ARB: Angiotensin receptor blocker

References:

- Mocon A, McRitchie D, Tharani A. *Drop the Pre-Op: A toolkit for reducing unnecessary visits and investigations in pre-operative clinics.* Ontario, CA. 2019.
- Chow, W. B., Rosenthal, R. A., Merkow, R. P., Ko, C. Y., & Esnaola, N. F. (2012). Optimal preoperative assessment of the geriatric surgical patient: a best practices guideline from the American College of Surgeons National Surgical Quality Improvement Program and the American Geriatrics Society. *Journal of the American College of Surgeons*, *215*(4), 453-466.
- National Guideline Centre (UK). Preoperative Tests (Update): Routine Preoperative Tests for Elective Surgery. London: National Institute for Health and Care Excellence (NICE); 2016 Apr. (NICE Guideline, No. 45.) Acknowledgements.
- Practice Advisory for Preanesthesia Evaluation: An Updated Report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012; 116:522–538 doi: https://doi.org/10.1097/ALN.0b013e31823c1067

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