

**Quality Improvement Implementation -
Appropriate Preoperative Screening for Low-Risk Surgeries Pilot Study
Project Time Period: 1/1/2023 – 12/31/2023**

Background: The Appropriate Preoperative Screening for Low-Risk Surgeries Pilot Study is based on a cross-collaborative project between MSQC, the Michigan Value Collaborative (MVC) and the Michigan Program on Value Enhancement (MPrOVE). Routine preoperative testing before low-risk surgery has no known benefit and is an important target for de-implementation as it is overused, costly, and can lead to downstream care cascades involving invasive diagnostic testing¹.

As part of the Choosing Wisely® campaign the American Society of Anesthesiologists, Society of General Internal Medicine, American College of Surgeons (ACS), and the American Society for Clinical Pathology recommend against the use of routine laboratory studies before low-risk surgery. Given the high prevalence of these services, eliminating unnecessary preoperative testing before low-risk surgery represents a key opportunity to improve quality, safety, and value in surgery.

Project Goal and Summary – In collaboration with MVC and MPrOVE, this pilot project will work toward reducing unnecessary, routine preoperative testing for low-risk surgeries. Pilot study work performed by MSQC sites will be integral to identifying the underlying reasons for overuse of preoperative testing in low-risk surgeries, as well as interventions to heighten awareness and reduce variation among hospitals.

Through a multi-faceted approach, sites will: 1) abstract preoperative testing variables on low-risk surgical cases, 2) implement a standard protocol defining appropriate use of preoperative testing, 3) employ strategies to promote adoption of the protocol, and 4) analyze MSQC, MVC, and internal data reports to monitor progress.

QI Implementation Goals and Requirements (25 total project points)

Goal 1: Baseline data collection of preoperative testing use (6 total points)

- **Goal 1a:** Abstract and capture preoperative diagnostic testing that was performed within 90 days prior to surgery date into the MSQC Workstation. Eligible low-risk surgery cases include minor hernia, laparoscopic cholecystectomy, and breast lumpectomy. **(2 points)**
- **Goal 1b:** Achieve 80% complete data collection of preop diagnostic testing for eligible procedures. Measurement period 1/1/2023 – 12/31/2023 cases. **(4 points)**
 - Presence/absence of all of the following preoperative diagnostic tests on an eligible case must be captured to meet the numerator requirement:
 - ECG
 - Trans-thoracic echocardiography
 - Cardiac stress test
 - Chest Xray
 - Urinalysis
 - Complete blood count
 - Basic metabolic panel
 - Coagulation tests
 - Pulmonary function tests

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Goal 2: Develop/implement a standard preoperative testing protocol for low-risk surgeries at your site.

The protocol selected must be implemented no later than **June 30, 2023. (14 total points)**

- **Goal 2a:** Adopt a preoperative testing guideline protocol to implement at your site. Sites may choose the approach that fits best at their facility. **(4 points)**
 - Adopt an existing protocol
 - American Society of Anesthesiologists' "Choosing Wisely" program)
 - United Kingdom's NICE (National Institute for Health and Care Excellence) preoperative testing guidelines for elective surgery)
 - Develop your own hospital preoperative testing protocol
 - Review and modify an existing protocol already in use at your hospital.
- **Goal 2b:** As part of the implementation process, sites must adopt clinical decision support tools to embed the preoperative testing protocol into practice. **(5 points)**
- **Goal 2c:** Achieve measurable progress toward reducing the use of low-value preoperative testing by 20% as compared to baseline rate **(5 points)**
 - Reduce the percentage of cases that receive one or more of the specified preoperative tests (as listed in Goal 1b) by 20% as compared to baseline.
 - Baseline period: 1/1/2023 – 3/31/2023
 - Measurement period: 4/1/2023 – 12/31/2023

Goal 3: Conduct a minimum of two multidisciplinary meetings with key stakeholders to review project requirements, implement project components and monitor project performance. **(4 total points)**

- **Goal 3a:** host a project kickoff meeting held no later than **March 31, 2023. (2 points)**
- **Goal 3b:** host at least one follow-up multidisciplinary meeting between July and December 2023 to discuss protocol implementation, progress and barriers to implementation, and monitoring of compliance data (including MVC and MSQC preoperative testing data). **(2 points)**

Goal 4: Performance Data Monitoring (1 point total)

- Sites will use data from several sources to monitor the progress of the protocol implementation
 - MVC Preoperative Testing Reports
 - MSQC case abstraction data on preoperative testing
 - Internal hospital data collection for monitoring compliance and adoption of the preoperative testing protocol.
- Sites will include brief feedback regarding the value of the MVC and MSQC data reports and how the data was utilized **(1 point)**

Goal 5: Qualitative Survey participation – MPrOVE plans to conduct qualitative interviews with 8-10 sites throughout the state. Site selection will be based on various criteria, to be determined by the Institute for Healthcare Policy and Innovation's MPrOVE study team. MSQC sites that select the MPrOVE pilot study QI project must agree to participate in the qualitative survey if they are asked for their feedback.

Goal 6: Submit the 2023 Appropriate Preoperative Screening Pilot Study Summary to the MSQC Coordinating Center no later than **January 16, 2024.**

Implementation Points

An additional 0-5 implementation points may be granted based on the detail of the project narrative, tracking log and analysis, to be added to achieve the maximum of 20 project points.