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Establishing Pre-Admission Testing Guidelines at Lehigh Valley Health Network

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Background
- The rising cost of medical care in the United States has been a hot-button issue in recent years, and many efforts have been made on a national level to bend the cost curve of this unsustainable system.
- Healthcare expenditures approached $3 trillion in 2011, and surgical care costs accounted for $168 billion for over 48 million procedures in operating rooms across the country.
- Of the costs associated with surgery, hospital charges account for anywhere from 60 to 80 percent of the total bill.
- We observed that there is great variability in the amount of laboratory and diagnostic testing ordered by different providers as part of a patient’s pre-op evaluation.
- Data suggests that by instituting a standardized risk-stratification system for pre-operative evaluation can result in appreciable savings for hospitals in health networks while maintaining quality in surgical outcomes.
- We developed pre-admission testing guidelines that incorporate the type of procedure being performed as well as the patient’s pre-existing medical conditions so that providers can risk-stratify patients and order the appropriate amount of pre-op testing.

Methods

Development of Task Force
- The Pre-Admission Testing Guidelines Project was originally organized by Dr. Jennifer Stephens, DO, Department of Internal Medicine at LVHN. She recruited LVHN-affiliated clinicians from the Departments of Surgery, Anesthesiology, Internal Medicine, and Family Medicine to participate in the development of these guidelines.

Risk Assessment Recommendations
- Our working group reviewed current literature and evidence-based recommendations pertaining to perioperative clinical management. Systematically, each area of preoperative assessment and its potential risk reduction strategies were reviewed with resulting consensus on the most applicable literature and standards of care.

Development Guidelines
- Multiple documents were developed as reference tools to facilitate the Pre-Admission testing process. These were made available via the LVHN intranet and were officially piloted at several LVHN outpatient practices.

Education
- Members of the task force also held an annual “Perioperative Symposium” in 2013 and 2014 for network employees to attend for education on the new guidelines.

Results
- There previously have not been any evidence-based guidelines at LVHN to guide providers in ordering the appropriate pre-operative laboratory and diagnostic tests.
- The result has been that many patients received the same workup regardless of any pre-existing medical conditions and the acuity of the procedure being performed.
- It is reasonable to assert that less invasive procedures should require less pre-operative evaluation due to the lower overall physical stress on the patient.
- We are in the preliminary stages of assessing if our guidelines can reduce inappropriate variability in clinical practice and more efficiently allocate resources to the sickest patients.
- These themes could prove to be very important in the future healthcare system that could bring bundled payments and promote value-based medicine.
- Any cost savings from less pre-operative testing would immediately be erased by a hospital readmission, surgical site infection, or other adverse event. For this reason it is important to demonstrate that quality can be maintained.

Conclusions
- In any field of medicine, developing clinical practice guidelines can be challenging, as they are not meant to be absolute dictations of how clinicians should practice.
- We need to continue our education efforts in order to disseminate the information to more practices in the health network.
- Once we have established consistent use of the guidelines, we can then begin to consider tracking surgical outcomes.
- If we can demonstrate decreased costs while maintaining quality surgical outcomes, this endeavor will be a success.

REFERENCES