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High-Risk Preoperative Assessment for Elective Orthopedic Surgery Patients

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Background: Preoperative assessment prior to surgery is an important clinical care component, especially in patients with high surgical risk characteristics. Interdisciplinary preoperative evaluations help assess medical problems that affect surgical timing, surgical cancellation, or procedural risk.

Purpose: The Minneapolis Veterans Administration implemented a multidisciplinary high-risk orthopedic surgery pilot project with internal medicine, anesthesia, and orthopedic physicians meeting together to discuss optimal management of high-risk orthopedic surgical patients. This quality improvement project focuses on patients considered for elective orthopedic surgery procedures who have clinical characteristics which may place them at high risk for surgical intervention and aims to improve surgical risk stratification, facilitate intra-provider communication, and enhance the delivery of optimal clinical care.

Description: A prescreening process identifies patients with procedural characteristics and clinical comorbidities that may contribute to adverse surgical outcomes. The orthopedic surgical procedures assessed included major joint replacement and spine surgeries. High-risk patient characteristics include cardiopulmonary disease, wound healing, rehabilitation risk factors, and other clinical comorbidities. Once identified, the patients receive “high-risk orthopedics” preoperative medical evaluations with the results then discussed by a multidisciplinary provider panel. The panel provides recommendations including offering the patient surgery, delaying surgery for further evaluation, not offering surgery based on clinical risk, or proceeding to surgery with patient-specific surgical planning. The recommendations are subsequently communicated to patients for surgical or conservative management.

Results: The quality improvement pilot included 19 patients over a 3-month period who received full panel review. Of the 19 patients reviewed, 6 patients were offered surgery, 10 were not offered surgery, and 3 are currently pending. Of the 6 patients offered surgery, 2 patients chose to defer/cancel their surgical plans after receiving preoperative and high-risk panel findings and recommendations. A survey of providers on the process yielded a response rate of 64.7%, with 4 providers finding it to be “useful” and 7 “extremely useful.”

Conclusions: The high-risk orthopedic surgery clinical review process pilot project has provided a comprehensive review for 19 patients. A significant number of the patients were not offered surgery or subsequently chose to defer/cancel surgery after getting advance information on their surgical risk. Providers have found the process to be a useful addition to usual clinical care.

eS38 *Cleveland Clinic Journal of Medicine* Vol 77 • E-Suppl 1 March 2010