

## Preoperative Testing Feedback Project

### QUESTIONS & ANSWERS

**Q. *What is this project about?***

**A.** This project uses currently available data to provide feedback to hospitals and responsible staff about their use of preoperative testing prior to low and intermediate risk surgeries. The goal is to assist hospitals in understanding and optimizing their use of preoperative chest X-ray and ECG in patients undergoing non high-risk procedures.

**Q. *What types of surgery are included?***

**A.** Low risk – knee arthroscopy, local breast excision, hand surgery, eye surgery, carpal tunnel release, D&C, surgical tooth extraction, cystoscopy, laparoscopic investigations

Intermediate risk – hysterectomy, TURP, laparoscopic cholecystectomy, hernia repair.

The definitions for low and intermediate risk procedures were taken from a categorization reported by the American College of Cardiology and the American Heart Association.<sup>1</sup>

**Q. *Why did you select these procedures?***

**A.** There is good evidence that for low risk procedures such as cataract surgery, routine preoperative testing provides no benefit to patients.<sup>2</sup> Guidelines suggest that conservative testing strategies may also be appropriate for intermediate risk procedures in patients who are otherwise well.<sup>3,4</sup>

**Q. *How did our hospital get chosen?***

**A.** We studied all acute care hospitals in Ontario that performed enough procedures to allow us to meaningfully measure testing rates (50 cases/year of any target procedure).

**Q. *Where do the data come from?***

**A.** Patients undergoing target surgical procedures and the hospitals at which they were treated were identified from the CIHI discharge abstract database and same day surgery files. ECG and chest xray use in the 30 days prior to the surgery were obtained from OHIP claims data.

**Q. *How can you evaluate the appropriateness of preoperative tests without clinical information on patients?***

**A.** We cannot determine from currently available data whether a given test was appropriate. We do know, however, that there is marked variability in testing patterns between hospitals without differences in outcomes, suggesting that some testing may be unnecessary. ***These differences persist even after we adjust for patient age, sex and comorbidities.*** Our goal is not to judge individual testing decisions but to provide hospitals with data that they can use in evaluating their own practices.

**Q. *How is our hospital's and our doctors' confidentiality being protected?***

**A.** Profiles were prepared by programmers at ICES from data files that do not identify patients or physicians. Data are handled in a secure environment under strict confidentiality provisions and only ICES staff has access to the data. Individual hospital profiles are only being provided to those hospitals. No patients will be identified at any time and no physicians will be identified without their explicit consent. Copies of a hospital's report are being sent to the CEO for distribution to the appropriate hospital staff.



**Q. What is the Peer Group?**

**A.** The peer group refers to hospitals that are of similar size and teaching status. These are the same peer groups as those used by the Hospital Report Card Project.<sup>5</sup>

**Q. What does the “benchmark” represent?**

**A.** This is meant to represent a currently achievable level of testing in a comparable clinical setting. The benchmark rates for this study are from Ontario hospitals where the rate of preoperative chest X-ray or ECG is at or below the 20<sup>th</sup> percentile in their peer group. The samples have not been adjusted for age and sex of patients or hospital case mix.

**Q. Who is sponsoring this program?**

**A.** The program is sponsored by the Guidelines Advisory Committee of the Ministry of Health and Long Term Care and the Ontario Medical Association. The Institute for Clinical Evaluative Sciences (ICES) is providing data and technical support.

**Q. Can I get more detailed profiles?**

**A.** We will provide more detailed profiles to all hospitals that request them in a second phase of the program. Rates of testing within a hospital can be reported at a surgeon-specific level with the consent of all surgeons. If you would be interested in these more detailed reports, please respond using the enclosed fax back sheet and we provide more details along with the necessary consent forms.

**Q. How can our hospital representatives get involved?**

**A:** We are looking for leaders in the community, especially physicians with an interest in preoperative care. These individuals could participate in opinion leader training and then act as clinical practice guideline facilitators or champions within their communities. If your hospital would like to nominate representatives, please see GAC's website: [www.gacguidelines.ca](http://www.gacguidelines.ca) or contact GAC's Implementation Coordinator: Ileana Ciurea at 416-946-7900 or 1-888-512-8173, or by email at: [ileana.ciurea@utoronto.ca](mailto:ileana.ciurea@utoronto.ca)

**For further information:**

If you would like further information about the project, please contact the study coordinator, Naushaba Degani at (416)480-4807 or toll free at 1-866-480-4807, fax (416) 480-6048, email [naushaba.degani@ices.on.ca](mailto:naushaba.degani@ices.on.ca). or Dr. Jan Hux at (416) 480-4055 ext. 3849, fax (416) 480-6048, or email [jan@ices.on.ca](mailto:jan@ices.on.ca).

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<sup>1</sup> Turnbull JM, Buck C. *the value of preoperative screening investigations in otherwise healthy individuals*. Archives of Internal Medicine 1987; vol 147: 1101-1105.

<sup>2</sup> Schein OD et al. *The Value of Routine Preoperative Medical Testing Before Cataract Surgery*. New England Journal of Medicine 2000; vol 342: 168-175.

<sup>3</sup> Gander, L. 2000. *Selective Chest Radiography: Guidelines Review*. Saskatchewan Health Services Utilization and Research Commission (original document published in 1997 and updated in 2000).

Summary produced by the Guidelines Advisory Committee. *Pre-operative ECG in Patients Undergoing Non-Cardiac Surgery*. Ontario Medical Review 2002; Nov: 37-38.

<sup>4</sup> Eagle K.A. et al. 2002. *ACC/AHA Guideline Update on Preoperative Cardiovascular Evaluation for Noncardiac Surgery*. American College of Cardiology/American Heart Association Task Force on Practice Guidelines.

Summary produced by the Guidelines Advisory Committee. *Pre-operative Chest X-ray. Should Physicians be Ordering Routine Pre-operative Chest X-rays?* Ontario Medical Review 2003; Jan: 40.

<sup>5</sup> *Hospital Report 2002: Acute Care Technical Summary*. Prepared by the Ontario Ministry of Health and Long Term Care and the Ontario Hospital Association