



Implementation of a Novel Multidisciplinary Preoperative Assessment Pathway: Virtually There

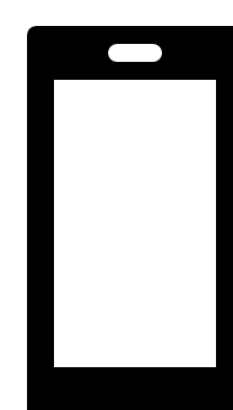
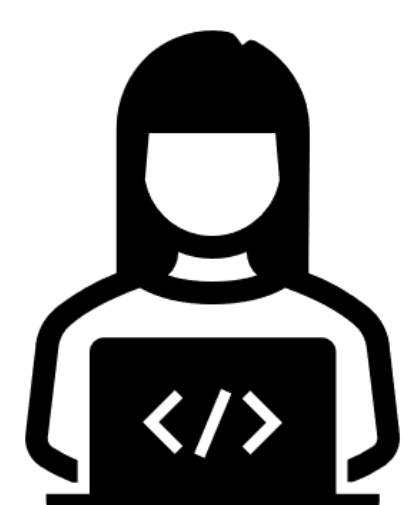


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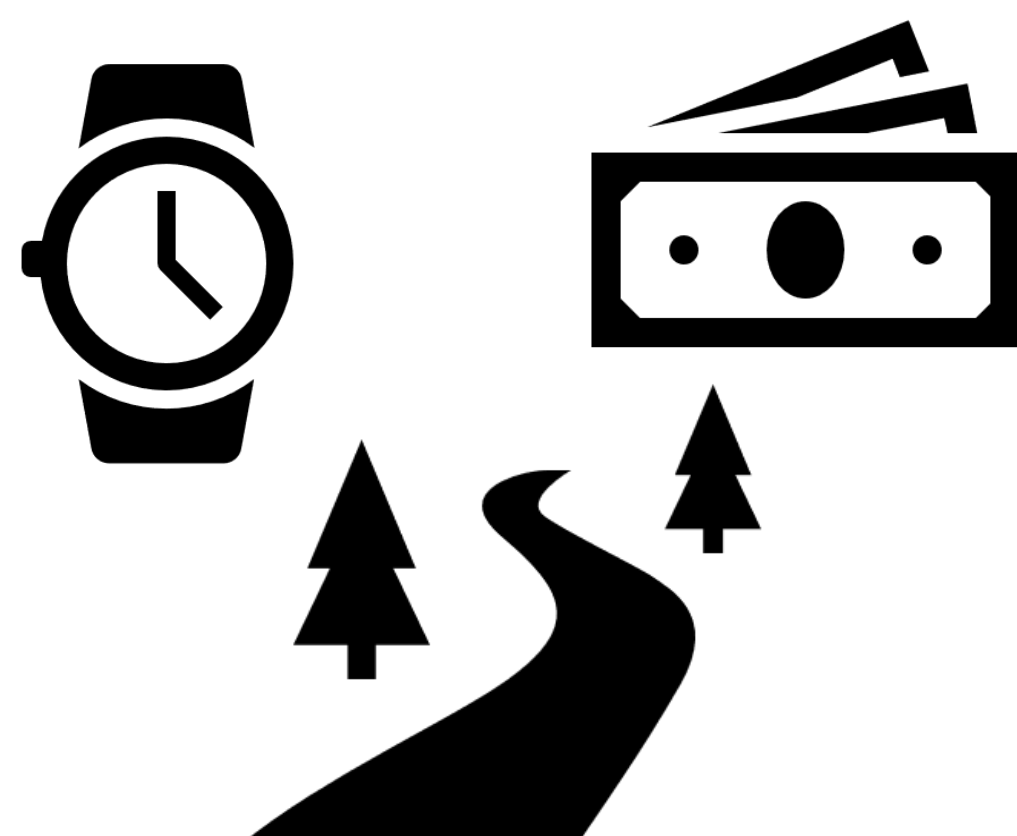
Background

- Multidisciplinary preoperative assessment minimizes intraoperative and postoperative complications
- Nearly 10,000 multidisciplinary preoperative assessments were completed in Saskatchewan last year
- In-person attendance poses potential burdens for patients and their caregivers for many reasons including: schedule disruption, travel, arranging drivers, childcare, navigating the medical facility, and associated costs
- Virtual care is not novel, but adoption of this innovation in Saskatchewan has been slow
- Virtual care can be high quality and is desired by patients



Objectives

- To systematically assess needs, barriers, and facilitators to implementing virtual multidisciplinary preoperative assessments within Saskatchewan
- To develop and pilot a multidisciplinary preoperative assessment implementation process
- To evaluate the feasibility of multidisciplinary virtual care by measuring the proportion of virtual preoperative assessments that did not require additional in-person consultation with a physician or day-of-surgery cancellation/postponement
- Measure outcomes including: patient and provider satisfaction, trips to hospital/travel distance saved, convenience, works hours missed for appointment, and technological access/literacy



Research Questions

With regards to virtual multidisciplinary preoperative assessment in Saskatchewan:

1. What constructs and concepts influence successful implementation?
2. Are assessments feasible using the developed pathway?
3. Do they reduce the number of times that patients require in person preoperative assessment?
4. Are assessments high-quality and are patients, caregivers, and healthcare providers satisfied with virtual preoperative care?



Methodology

- **Design:** Effectiveness-Implementation Hybrid Design
- **Participants:** Stakeholders in multidisciplinary preoperative assessment, including patients, caregivers, physicians, registered nurses, allied health care professionals, schedulers, information technologists, and preassessment clinic support staff
- **Setting:** RUH, SCH, Regina PAC, Prince Albert PAC
- **Sampling (evaluation phase):** 18 key informants from each of three broad groups (total n=54): 1) patients and caregivers, 2) clinicians/healthcare providers, and 3) decision-makers
- **Sampling (implementation phase):** Pilot the virtual pathway with 50 patients and follow up with 12 clinicians/healthcare providers, and 12 decision-makers
- **Analysis:** Interviews will be analyzed using deductive thematic analysis with the aim of exploring the experiences and perspectives of the identified stakeholders
- **Ethics:** REB approval (BEH-1970); we do not expect any issues with ethics and are using established methodology

Expected Results

- **Implementation:** Anticipate a high degree of need for virtual care especially in rural and remote communities; barriers may include technological access/literacy, privacy concerns and interoperability between platforms
- **Feasibility:** Expect most virtual preoperative assessments do not require additional in-person consultation with a physician or day-of-surgery cancellation
- **Clinical:** High clinician satisfaction, low need for further testing, similar rates of major postoperative complications (as compared to in person assessment) including: sepsis, pneumonia, renal failure, pulmonary embolism, myocardial infarction, stroke and respiratory failure
- **Patient-oriented:** Saved trips to hospital, increased convenience (schedule disruption, arranging drivers, and childcare), less work hours missed, decreased associated costs, and high-quality care and satisfaction



Expected Conclusions

- Virtual multidisciplinary preoperative assessment is a feasible method to deliver effective care in Saskatchewan
- Patients, caregivers and health care providers are satisfied with virtual preoperative assessments
- Improved access and decreased costs to PAC consultation for Saskatchewan patients
- Further studies are needed to assess the provincial impact of virtual preoperative assessment pathways

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