

# NEW PREOPERATIVE DOCUMENTS TO HELP REDUCE UNNECESSARY TESTING

## Instructions for PCPs

**GO LIVE DATE: JULY 11, 2016**

**NOTE: Please recycle old forms/documents and implement new forms on July 11th.**

As a primary care provider, you are receiving this package which features instructions for implementing the 2 documents listed below. These can be accessed through the Primary Care page at:  
[http://www.wrha.mb.ca/professionals/familyphysicians/guidelines\\_primarycare.php](http://www.wrha.mb.ca/professionals/familyphysicians/guidelines_primarycare.php).

### **#1: NEW Routine Preoperative Lab Test Guidelines** (replaces the 'grid' version)

**Effective July 11, 2016**, please order only those tests outlined by the new Preoperative Guidelines. Continue to employ clinical judgment *as required*.

#### **What's new/rationale:**

- Updated guidelines align with new Canadian Anesthesiologists' Society (CAS) guidelines, and are endorsed by Choosing Wisely Canada
- Clarifies the definition of minor/major surgery, and provides examples of each
- Simplifies requirements for minor surgeries
- Introduces an interactive online tool to assist in determining necessary preop tests:  
<http://logixmd.com/preop>
- Enhanced user-friendliness based on user input
- Developed in collaboration with key leadership, primary care providers, surgeons and anesthesiologists.

### **#2: NEW WRHA Preoperative History & Physical Form**

#### **What's new/rationale:**

- Lab section features a summary of the new preoperative testing guideline (section F)
- Cues prompting unnecessary tests have been removed
- Improved document flow based upon stakeholder feedback
- EMR-friendly features are in development & will be circulated to primary care providers
- A new section provides reminders of common targets for preoperative optimization, with a direct link to [Consult Requests for Blood Management Services](#) for patients at risk.

#### **Instructions for using the document:**

- A guideline to support completion of the History & Physical is found on the WRHA Surgery Page, under [Frequently Used Forms](#)
- The newly revised WRHA H&P form can be found on the WRHA INTRANet site at <http://home.wrha.mb.ca/prog/surgery/forms.php>.
- A facility purchase order may also be faxed to 204.787.2086 (preferred) or a message with pertinent billing information can be emailed to <mailto:printserv@hsc.mb.ca>.

It can also be ordered from the Health Sciences Print Shop (form# W-00238) or from SAP (SAP# 325486). If you require more information regarding SAP orders, you may contact WRHA Printing Services Manager, Rodney Sherwin 204.787.3555

### **Additional information:**

The new guidelines and revised H&P are part of a larger project to improve efficiency in preoperative testing. Effective July 11<sup>th</sup>, 3 additional documents are available at <http://home.wrha.mb.ca/prog/surgery/forms.php>. These updated documents don't require a practice change from primary care, but reflect streamlined communication between the surgical program, patients and primary care providers.

- Preoperative Patient Questionnaire
- NEW Preoperative Patient Quick Reference Cover Letter
- NEW Primary Care Provider Cover Letter

### **Addressing concerns about ordering fewer tests and perceived medico legal risk**

- These guidelines are approved by the WRHA anesthesia, surgery, oral surgery, family medicine, renal health and women's health standards committees.
- When applied with appropriate clinical judgment, **the guidelines represent the new accepted standard of care in our region.**
- The interpretation of evidence by Choosing Wisely Canada™ suggests that by ordering additional tests, patients are *subject to more harm* than benefit due to delays in surgery from pursuing false positive results and the risk of iatrogenic injury in confirmatory tests.
- Rarely, patients with an unusual comorbid disease or who are scheduled for an uncommon surgery will require testing beyond what is recommended in the guideline. As such, all guideline users should apply appropriate clinical judgment. The expectation is that through effective communication between the primary care provider, surgeon, anesthesiologist and Preoperative assessment clinic, these exceptional patients will be identified, additional testing obtained as required and cancellation of surgery prevented.