

Connection

Timely information for best practices

January 2018



What works? Effectiveness and Healthcare Delivery

Effectiveness in healthcare is defined by the National Academy of Medicine (formerly IOM) as “Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively). While this term cuts a very wide swath through provider-patient interactions, this article will focus on preoperative assessment and testing as two key elements of effectiveness when delivering health care within the ambulatory setting.

The Terms

“Effectiveness,” as used in health care, has many applications, from diagnosis to procedure to pharmaceutical options. Essentially, the term asks, “What works?” Do the benefits of care far outweigh the risks to the extent that 1) the patient should receive the care **and that** 2) without the care, the

patient could suffer severe consequences? Medical decisions are based on evidence, gleaned from controlled studies and clinical trials. In this evidence-based approach, “healthcare professionals tend to agree that experimental studies and randomized controlled trials yield the strongest evidence for clinical care, but observational studies can also inform these decisions. Some groups believe evidence-based care includes more than the best existing evidence: it should also incorporate clinical expertise and patients’ values and expectations.”

(<https://www.healthaffairs.org/doi/10.1377/hblog20160726.055946/full/>)

Additional terms used in the discourse are medical necessity, appropriateness of care, and value based care. As with effectiveness, these terms can be defined in different manners depending upon variables, such as provider, patient, and even medical setting. While evidence-based guidelines are established, they are the jumping off point for care, not the be all and end all. As the old adage goes, the devil is indeed in the details and defining these terms more globally is a debate in progress.

Assessment

The aim of preoperative assessment, and its relation to effectiveness, is to identify health risks and minimize adverse outcomes. According to (2013) Benarroch-Gampel, et. al., history and physical (H&P) is a strong predictor of preoperative complications. H&P helps providers with decisions about whether a procedure is appropriate, whether the patient is a candidate for a positive outcome, if additional testing is required, whether special accommodations are required, and/or if changes to discharge instructions are necessary. Assessment mitigates not only risk but allows the streamlining/tailoring of treatment and procedures based on the results. As more complex procedures enter the ambulatory care setting, organizations need to ensure adequate pre-screening occurs to facilitate best outcomes and safe practice. If greater risks are determined upon pre-screening assessment, this can trigger additional interventions needed to ensure safety and/or determine if an individual is a better suited to have a procedure performed inpatient.

*NOTE: Certain aspects of a patient’s H&P may lead the healthcare provider to consider additional risk assessment, such as falls, VTE, sleep apnea, and obesity.

Testing

While some studies show that preoperative testing in low risk ambulatory surgery is overused, many surgeries and procedures performed in ASCs increasingly involve deep sedation or general anesthesia, higher risk populations, such as the elderly, morbidly obese, or those suffering from sleep apnea or multiple comorbidities, and/or invasive or lengthy procedures. With these variables in mind, groups like the American Society of Anesthesiologists and Britain’s National Institute for Health and Care Excellence (NICE) recommend that providers balance the need for testing—which may be unnecessary for healthier patients undergoing less invasive procedures—with the need to protect higher risk populations who are undergoing more invasive procedures with deeper sedation levels. As with preoperative evaluation, testing prior to any procedure identifies the level of risk on a patient-by-patient basis. Results may rule out costly services that will not serve the needs of the patient or may indicate necessary precautions for other patient populations.

Ultimately, effective care is vital to a dynamic and patient-centered health care system, one in which

services are based upon proven value. However, the term, effectiveness, while evidence-based is also subjective. The approach needs to combine best evidence with the variables on a patient-by-patient basis, one that acknowledges the science but also the individual needs of the patient.

*For more information about these and related issues, please review AAAHC Institute's line of patient safety toolkits, in particular, *Ambulatory Surgery and Preoperative Evaluation and Testing*. Toolkits are also available on related topics, such as VTE, sleep apnea, and preventing falls.

Achieving Accreditation in Tampa, March 16-17

If your organization is scheduled for initial or re-accreditation in March 2018 or you would like to learn more about the 2018 Standards, you'll want to join us in Tampa over the March 16-17 weekend. Attend informational sessions and practice creating and implementing a mock quality improvement study in an extended breakout session. Register [here](#).

January-June 2018 Benchmarking studies

Participation in benchmarking studies helps organizations evaluate clinical performance measurement and build quality improvement programs. Registration is currently open for January-June 2018 benchmarking studies. Topics include Safe Injection Practices and YAG Posterior Capsulotomy. Learn more [here](#).

2018 Standards changes webinar

Kick off the new year with two new webinars presented by AAAHC Institute on significant changes to the 2018 Standards for ambulatory health care. Learn about "elements of compliance," the new compliance ratings, and the move toward greater clarity within the Core and Adjunct Standards (for non-Medicare surveys). Whether your organization has an upcoming survey or you want to stay current on the latest changes, these webinars are ones you won't want to miss—most importantly, when the changes become effective for your non-Medicare survey. Join us on February 1 and 15 for these one-hour presentations. To register, [click here](#).

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