RITE-Size
RIGHT-SIZING TESTING BEFORE ELECTIVE SURGERY

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The Michigan Value Collaborative (MVC), led by Dr. Hari Nathan, and the Michigan Program on Value Enhancement (MPrOVE), with the support of the Multicenter Perioperative Outcomes Group (MPOG), invite you to participate in a quality improvement initiative focused on reducing unnecessary testing before low-risk surgery (breast lumpectomy, inguinal hernia repair, and laparoscopic cholecystectomy). There is overwhelming evidence that routinely performing preoperative tests (e.g., blood tests, EKGs, urine tests, chest x-rays, and stress tests) on patients undergoing low-risk surgery does not improve outcomes, may be misinformative and introduce delays, and wastes healthcare resources.

By participating in the RITE-Size project, you will gain access to experts in the field of implementation science who will guide your site through deimplementation efforts via an implementation coach. If your site is also participating in the MSQC P4P Preoperative Testing for Low-Risk Surgeries QI project and/or the MVC P4P value metric for preoperative testing, participating in the RITE-Size project will complement your efforts and provide additional resources to support your success in those programs.

Frequently Asked Questions:

Who is eligible to participate?

- Any Michigan hospital participating in MVC with a pre-op testing rate over 40%.
    - Don't know your %? Ask MVC to pull a custom data report for your hospital!

How many sites are eligible to participate in this project?

- This phase of the RITE-Size project will include 16 eligible sites who will be assigned into 6 waves over a two-year period (4 waves in year 1 and 2 waves in year 2).

What are the target procedures and tests?

- This project focuses on reducing tests before **breast lumpectomy, inguinal hernia repair, and laparoscopic cholecystectomy**, as these are common low-risk procedures.
- The tests of interest include blood tests (e.g., CBC, BMP, CMP, PT, PTT), EKGs, urine tests, chest X-rays, and stress tests.

What will be required of participating sites?

- The main requirement for participation is that your site adopt at least one strategy to reduce routine preoperative testing before these low-risk procedures.
- Participating sites will be asked to participate in implementation coaching sessions with RITE-Size team member. Implementation coaching sessions are 30-45

minutes. Sites will be asked to participate in up to four coaching sessions. Sites may opt out of coaching sessions after completing the first two sessions.

- Sites are expected to meet with their site teams after meeting with an implementation coach. The expectation is that the site team will be utilized to complete any outside task (present updates at internal meetings, review policies or guidelines, design a plan for implementing decision aids).

How much time will be required?

- It is estimated that the Quality lead on this project should budget four hours per month for implementation coaching, site team meetings, and review of strategy implementation. The quality lead will have the opportunity to opt out of the implementation coaching session after the second meeting, reducing their hour commitment to three hours per month.

- Participation in the RITE-Size initiative can be between 4-8 months, depending on the number of implementation coaching sessions and implementation strategies.

Who should be on the team?

- We strongly encourage recruiting a team that is reflective of the multidisciplinary stakeholders involved in the preoperative and perioperative process, such as:
    - Surgeon Champion
    - Anesthesia Champion
    - Preoperative Anesthesia Nurse
    - Quality Lead
- We ask that the Quality lead be designated as the lead contact person for each site. They will be asked to do the following;
    - Participate in up to four implementation coaching sessions
    - Lead site team meetings
    - Coordinate strategy adoption at your site

Why should your site participate? What are the potential benefits?

- Your team may benefit from 1-1 consultation & additional support and resources, which will help expedite the preop process and prevent the potential drawbacks of unnecessary preop testing, such as treatment delays, cascade events, and wasted healthcare resources and spending.
- Your site will also have access to a team of expert consultants in the de-implementation field who have successfully piloted this intervention in other settings.
- Participating in this project provides 1-1 coaching with readily available resources that have already been developed and tested.

- Participating in this QI project will have synergistic efforts in the shared goal of reducing unnecessary preoperative testing within participating P4P programs led by MVC and MSQC.

What if providers still want to order preoperative tests?

- Individual decisions about testing will remain at the discretion of the treating clinicians. The focus of the intervention will be providing *guidelines* and decision support regarding specific preoperative tests that are deemed necessary or unnecessary for low-risk surgical cases (as defined by both the surgical risk and patient risk). The strategies put into place will not override individual decisions made by the providers but instead serve as recommendations.

Questions?

If you have any questions, please contact the lead project manager for this initiative:
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