STRONG for SURGERY | A QUALITY PROGRAM of the AMERICAN COLLEGE OF SURGEONS

Optimizing Patients Prior to Surgery

Funding:

- Agency for Healthcare Research and Quality (AHRQ)
- Life Sciences Discovery Fund
- Nestle HealthCare Nutrition
- UW Patient Safety Innovation Program
- UW Department of Surgery

facs.org/strongforsurgery

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Objectives of Strong for Surgery

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Offer resources to hospitals and clinics to help them optimize patient health

- Presurgery checklists for surgical patients in four target areas
- Implementation support to standardize best practices in clinical practice

Drive improvements to make surgery safer by getting research results back into health care practice to facilitate system change

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Focus on Four Modified Areas

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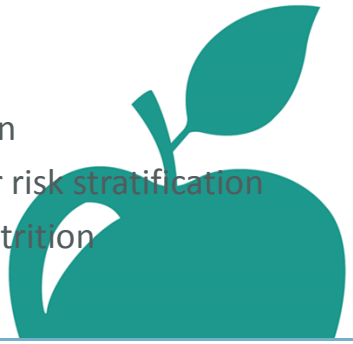
Nutrition

- Screening for malnutrition
- Testing albumin levels for risk stratification
- Evaluating for immunonutrition



Blood Sugar

- Screening for risk of diabetes
- Screening for blood sugar
- Monitoring perioperative glucose management

Smoking

- Screening to identify smoking habits and history
- Advising patient on how to establish a quit plan

Medications

- Identification of drugs that could cause bleeding and cardiac risks
- Reconciling herbal medications

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Why Nutrition?

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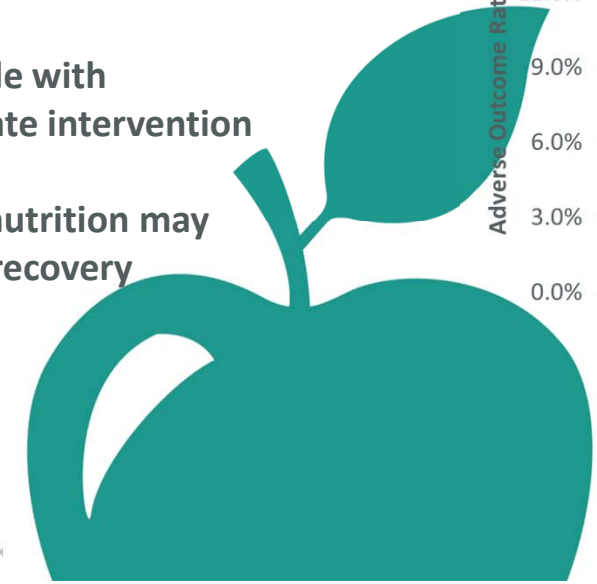
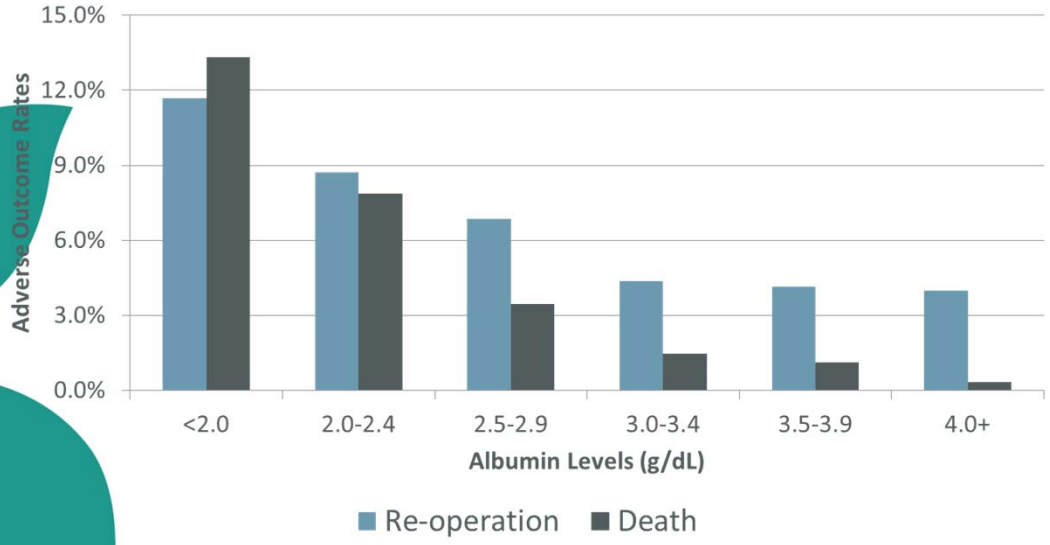
- Malnutrition prevalent in surgical patients
- Best determinant of surgical outcome
- Modifiable with appropriate intervention
- Immunonutrition may improve recovery



SCOAP: Albumin and Complications

Elective Colon/Rectal Procedures 2011



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Why Smoking?

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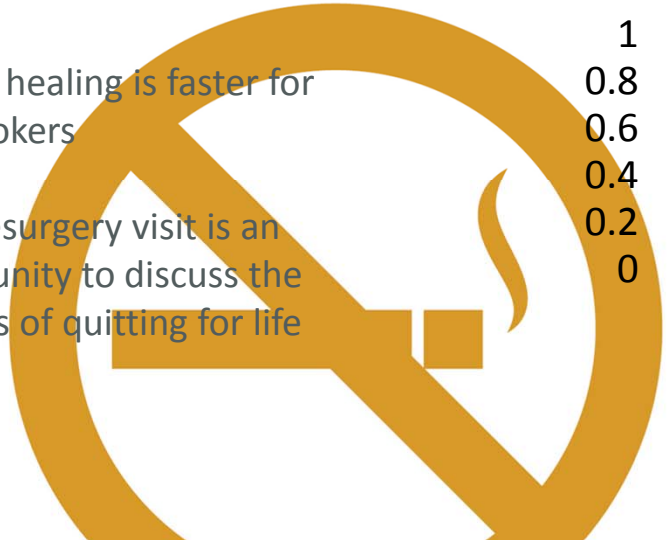
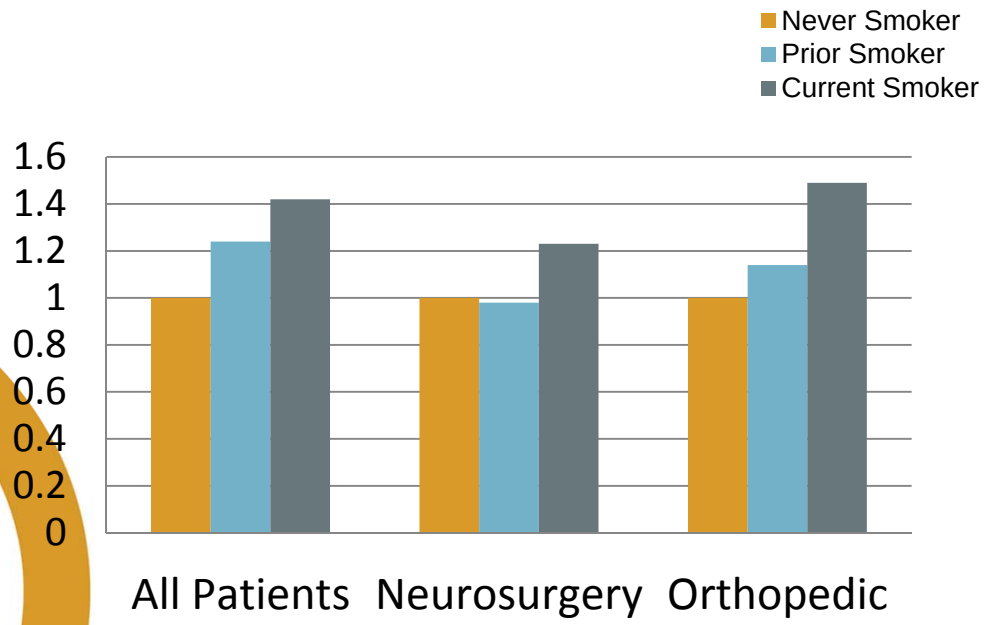
- Surgical site infections are more prevalent for smokers
- Quitting smoking before surgery decreases risk of adverse events
- Wound healing is faster for nonsmokers
- The presurgery visit is an opportunity to discuss the benefits of quitting for life





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Why Blood Sugar?

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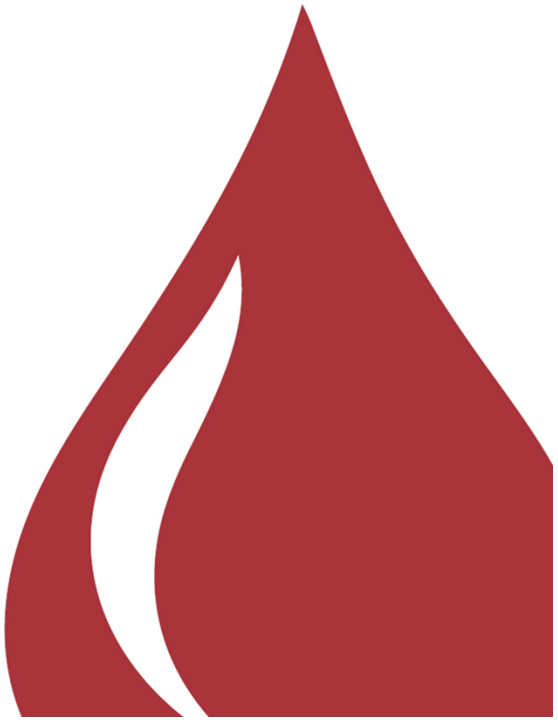
Hyperglycemia doubles the risk of SSI

- In some studies **47%** of hyperglycemic episodes were in nondiabet

Of the adult population over 65 years:

- 1 in 4 will have diabetes
- 2 in 4 are prediabetic
  - In a study of patients from 2005-2008 (U.S. adults over 20 yea **35%** had prediabetes



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Why Medications?

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Some medications and herbal remedies increase risk of bleeding

- Echinacea, Garlic, Ginkgo, Ginseng, Kava, Saw Palmetto, St. John's Wort, Valerian ↑ risk
- Aspirin can be safely continued

Beta-blocker continuation, however, is associated with fewer cardiac events and mortality

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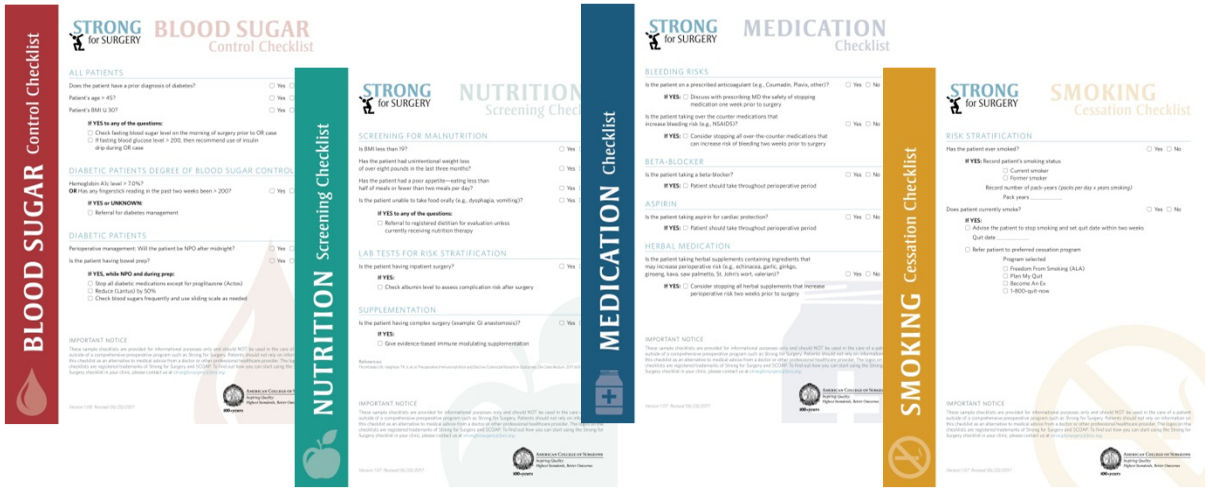
The Checklist

- Checklists help standardize presurgical evaluation and provide opportunities for appropriate interventions
- Screening questions are designed to compliment existing patient presurgical assessments and QI initiatives



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Program Implementation

Hospital/Clinic Expectations:

- Change team formation and support champion
- Commitment through post-implementation
- Checklist adoption
- Data abstraction and sharing
- Stakeholder call attendance
- Feedback for improvement

Strong for Surgery:

- Preassessment
- Workflow mapping
- Assessment of resource needs
- Feedback—clinicians and staff
- Post-assessment

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Pilot Year – 2012

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Current Impact

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For more information

Visit the website: ***facs.org/strongforsurgery***

- Read the evidence
- View our checklists

E-mail us: **strongforsurgery@facs.org**

Social media: **StrongforSurgery**

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