



Surgical Necessity/Appropriateness

Medical Staff Policies & Procedures

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Purpose:

To insure appropriate use and prevent overuse of surgical and other invasive procedures

Scope:

All departments performing invasive procedures. Each department will select the most appropriate procedures for monitoring but shall include, at a minimum, those procedures listed in Appendix 1.

Policy:

1. Surgical and other invasive procedures will be performed based on necessity and appropriateness for the patient as determined by the following conditions:

- Procedure is determined to be appropriate based on specialty criteria which shall be reviewed annually and which will be informed by:
 - Latest evidence and guidelines
 - Input of members of the relevant Department or Section
 - Relevant *Choosing Wisely* lists
- Procedure will be beneficial for the patient in keeping with their goals for treatment

2. All members of the Medical Staff who perform procedures are expected to actively engage their patients and/or families in shared decision-making around the benefits and risks of the proposed procedure and ensure that the patient and/or family is informed about the range of treatment alternatives.

3. All members of the Medical Staff are expected to be aware of their specialty society's clinical practice guidelines, including relevant "Choosing Wisely" lists and employ them in their decision making.

4. Indications for surgery shall be documented in the dictated procedure note or, if available, a specific form designated for the purpose of documentation of indication/appropriateness

5. Each department that performs procedures shall monitor the necessity/appropriateness of procedures selected for monitoring on a quarterly basis and report the results to the QI&O committee. These reports will be forwarded to the Medical Executive Committee which reports to the Board of Trustees.

6. The Department Chair (or designee) will counsel individual practitioners if determined to be performing outside of recommended guidelines.

7. Physicians who repeatedly or egregiously perform outside of recommended guidelines for surgeries shall be referred to the Central Peer Review Committee and/or MEC for corrective action

APPENDIX 1.

1. Carotid Endarterectomy
2. MV Repair and Replacement
3. Lung Resection
4. Esophageal Resection
5. Pancreatic Resection
6. Rectal Cancer Surgery
7. Bariatric Surgery
8. Cardiac Catheterization
9. Cardiac Intervention
10. Elective Total Knee Replacement
11. Elective Total Hip Replacement