Improving the Process for Pre-Operative Optimization in South Shore University's **Bariatric Surgery Population**

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- Our institution's bariatric pre-operative pathway was developed in a standardized manner that was rigid and often inefficient, providing an opportunity for improvement Opportunity was observed to initiate a new process that would tailor pre-operative consultation criteria specific to each individual patient's needs, based on their age, BMI and comorbidities
- Revitalizing the pre-operative pathway would serve as a mechanism to increase patient satisfaction, while decreasing institutional waste such as unnecessary consults, testing, and evaluations. The goal of implementing this new workflow was to ultimately lead to an increase in our patient retention rate within the program

Methods

Multi-disciplinary interventions were developed and utilized to increase Bariatric patient retention rates (Fig. 1)

- Redesign of initial consultation intake form to be inclusive of other primary languages (Fig. 2)
- Implementation of consultation process map to streamline pulmonary clearance (Fig. 3)
- Bariatric patient journey map developed for 2nd pre-operative visit (Fig. 4)

Figure 1. Key Driver Diagram

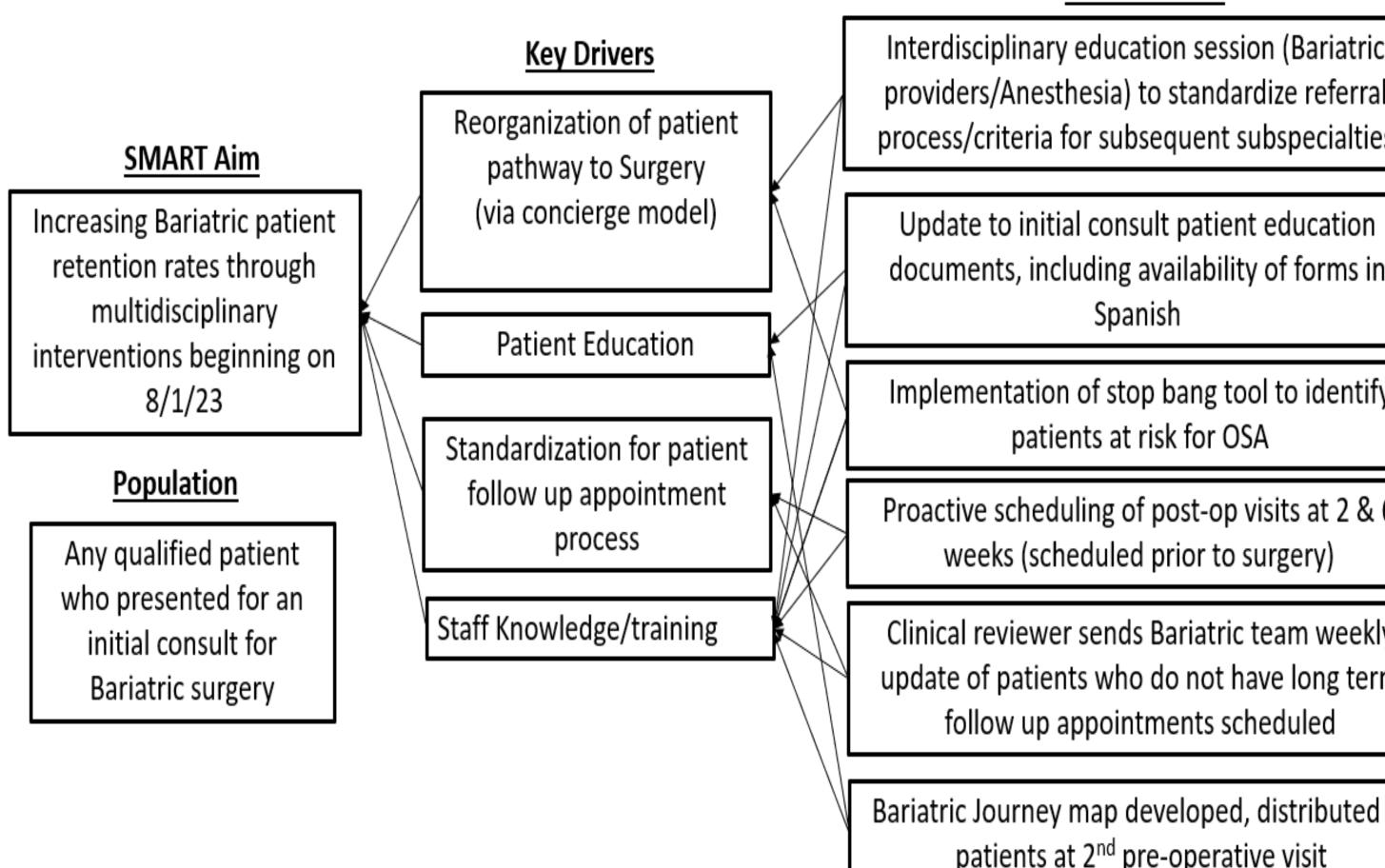


Figure 2. Consultation Intake Fo

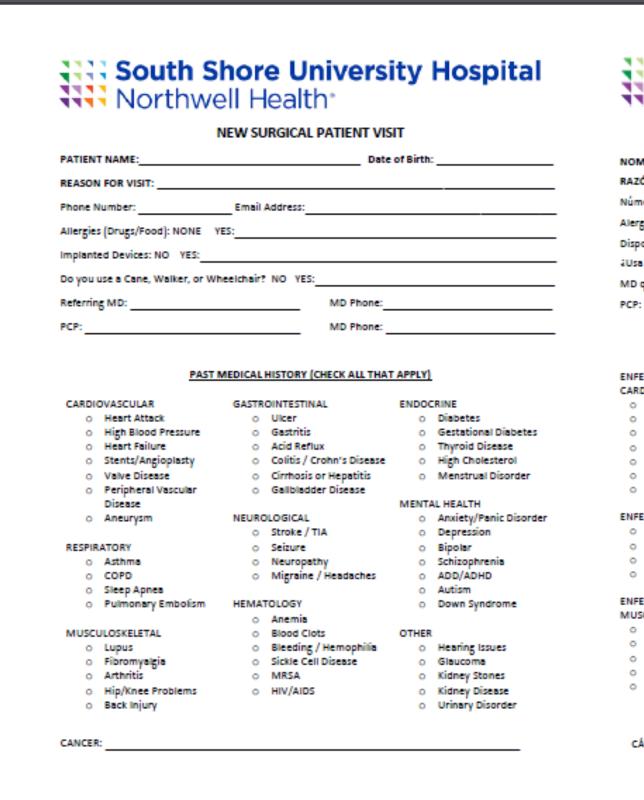
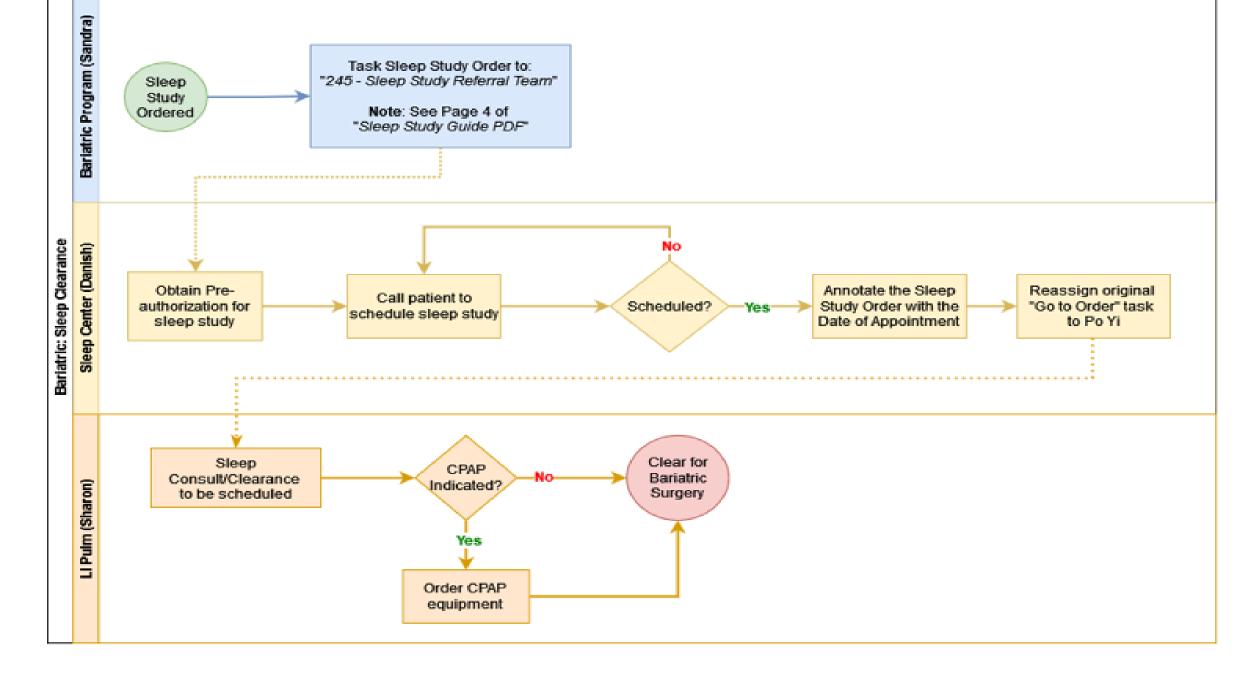


Figure 3. Pulmonary Clearance



Interventions

- Interdisciplinary education session (Bariatric providers/Anesthesia) to standardize referral process/criteria for subsequent subspecialties
- documents, including availability of forms in Spanish
- Implementation of stop bang tool to identify patients at risk for OSA
- Proactive scheduling of post-op visits at 2 & 6 weeks (scheduled prior to surgery)
- Clinical reviewer sends Bariatric team weekly update of patients who do not have long term follow up appointments scheduled
- Bariatric Journey map developed, distributed to patients at 2nd pre-operative visit

Figure 4. Patient Journey Map

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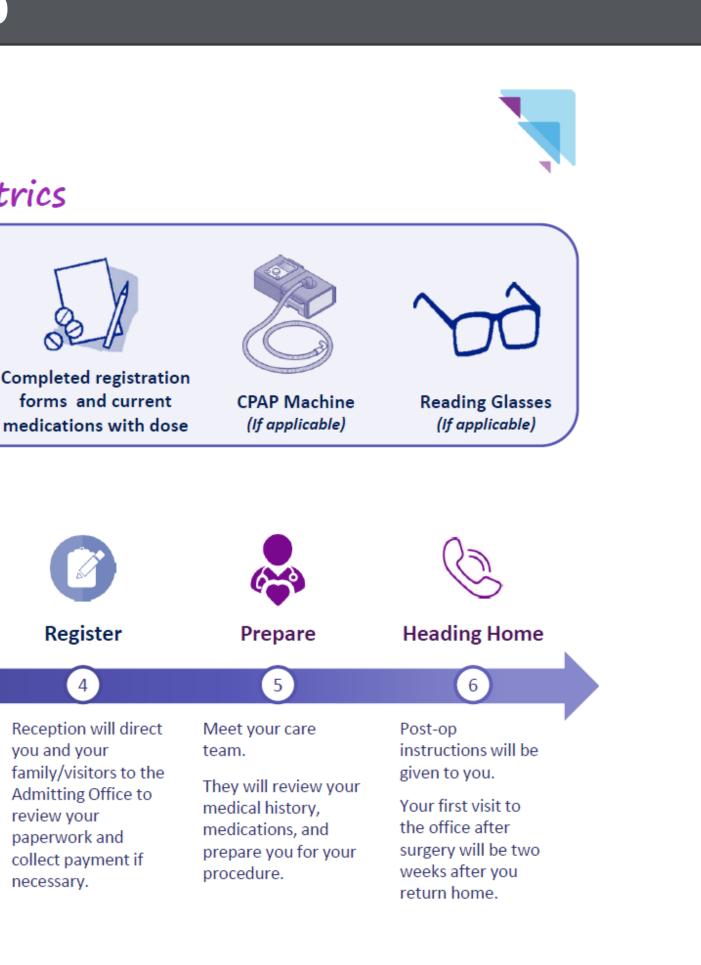
Preparing for your upcoming visit: Bariatrics



What To Expect:



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2022

Surgical Volume -Retention Rate

Limitations/Challenges

Conclusion

- undergo bariatric surgery

2023

The multi-month pre-op process can frustrate patients and lead to increased attrition or drop-out Some patients may opt for medical weight management instead of surgery The required number of dietitian visits dictated by insurance can lengthen the pre-op process Data interoperability between the clinic and hospital may impede the comprehensive understanding of patient trajectories and outcomes, potentially limiting

the accuracy of our retention rate assessments

Standardization of a pre-operative pathway for a patient population with varying comorbidities and needs is rigid and often inefficient

Multi-modal interventions inclusive of patient/staff education tools, and multi-disciplinary collaboration and support may represent a useful approach increasing the number of eligible patients who

