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Prioritization of surgical patients

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Statement of the problem: Access to healthcare services and long waiting time is one of the main issues in most of the countries including Canada and United States. Healthcare organizations can't increase their limited resources nor treat all patients simultaneously. Then, patients' access to these services should be prioritized in a way that best use the scarce resources. Some challenging aspects in patients' prioritization problem are: Considering multiple conflicting criteria; incomplete and imprecise data; associated risks that threaten patients on waiting lists; uncertainties in clinicians' decisions; involving group of decision makers' opinions and; system's dynamic behavior. Inappropriate prioritization of patients waiting for treatment, affects directly on inefficiencies in healthcare delivery, quality of care, and most importantly on patients' safety and their satisfaction. Inspired by these facts, in this study, we propose novel hybrid frameworks to prioritize surgical patients by addressing a number of main shortcomings of introduced/used prioritization methods in the literature and in practice. Through the application of the proposed comprehensive framework in the orthopedic surgery ward at Shohada University Hospital, and in an augmentative and alternative communication (AAC), clinical program called PACEC at the Institute for Disability Rehabilitation in Physics of Québec (IRDPQ), we show the effectiveness of our approaches comparing the currently used ones. The implementation results prove that this framework can be adopted easily and effectively in other healthcare organizations as well. In brief the results of this study could be beneficial for healthcare professionals to: Evaluate surgical patients' priority more accurately and easily; determine policies and guidelines for patients' prioritization and scheduling; manage waiting lists properly; decrease the time required for surgical patients' prioritization; increase equity and justice among surgical patients; diminish risks that threaten surgical patients during waiting time; consider group of decision makers' opinions in the prioritization procedure to prevent possible biases in decision-making; involve surgical patients and their families in the prioritization procedure to increase their satisfaction; handle uncertainties in the decision-making procedure and; increase quality of care.

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Introducing analytical hierarchy process into shared decision making in surgery

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Usually there are different associated risks, complications and side effects in surgeries. An effective communication among surgeons and patients, and patients' active involvement could result in taking better decisions for treatment and high quality patient care. Shared Decision Making (SDM) could make both surgeon and patient feel comfortable about the procedures, decisions and any possible future complications. However, for effective implementation of SDM in surgery setting having a decision aids that could simplify and accelerate the procedure for patients and surgeons is essential. This study highlights: The importance of the SDM in surgery, the need for an appropriate decision aid, introduces Analytical Hierarchy Process (AHP) as an effective tool to promote SDM in surgery and to enhance surgeon-patient communication. AHP is well known and well developed method which is successfully applied in different medical decision makings. Although AHP has the potential to improve quality of SDM in surgery and overcome current barriers in this area, further researches are needed to determine its effectiveness in practice.

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