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Remote automated postoperative monitoring: Need for and state of the science

Although surgery has the potential to improve quality and duration of life, it can also precipitate major complications. Current systems for monitoring patients after surgery, both on surgical wards and after transition to home, are not adequate. In operating rooms and intensive/post anesthetic care units, there is continuous hemodynamic surveillance. Yet, when patients are transferred to surgical wards, most will have their vital signs evaluated only every 4 to 12 hours. This scenario leads to thousands of cases of undetected hemodynamic compromise, associated with poor clinical outcomes. This state of the science talk, focused on perioperative digital health, will review remote automated postoperative monitoring and virtual care models, as well as lessons learned for moving the field forward. Key considerations for overcoming current barriers to implementation in Canada will also be presented.

Biography

Michael McGillion is an Associate Professor and Assistant Dean (Research) in the School of Nursing at McMaster University. He holds the Heart and Stroke Foundation/Michael G DeGroote Endowed Chair of Cardiovascular Nursing Research at McMaster and is a Scientist at the Population Health Research Institute in Hamilton, Ontario. His program of research focuses on remote automated monitoring and virtual nursing recovery support models to improve hemodynamic, pain and related recovery outcomes following cardiac, vascular and other forms of surgery. He is Co-Chair of the Heart and Stroke Foundation Pan-Canadian Council on Mission: Priorities in Advice, Science and Strategy (CoMPASS).

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