

A Closed Loop Audit on the Quality of Operative Notes in a District General Hospital

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Introduction

- Quality of patient care is related to quality of communication, which can be extended to written communication.¹
- Operative notes provide a clinical account of intra-operative proceedings to allow continuity of care.
- They have a role in research, audit and medicolegal investigations.
- Audits consistently show deficiencies in operative notes across all surgical specialities.
- Coding is important for hospital management to allocate resources including surgical staff, theatres and finances
- Coding was noticed to be sub-optimally completed at our trust

Aims

- Primary aim:** assess the quality of gynaecological operative notes against the Royal College of Surgeons Good Surgical Practice 1.3 guidelines.²
- Secondary aim:** assess if the operations were correctly coded on the electronic patient record

Methods

A prospective closed loop audit was conducted.

Inclusion Criteria:

- Gynaecological operations that involved an incision

First audit:

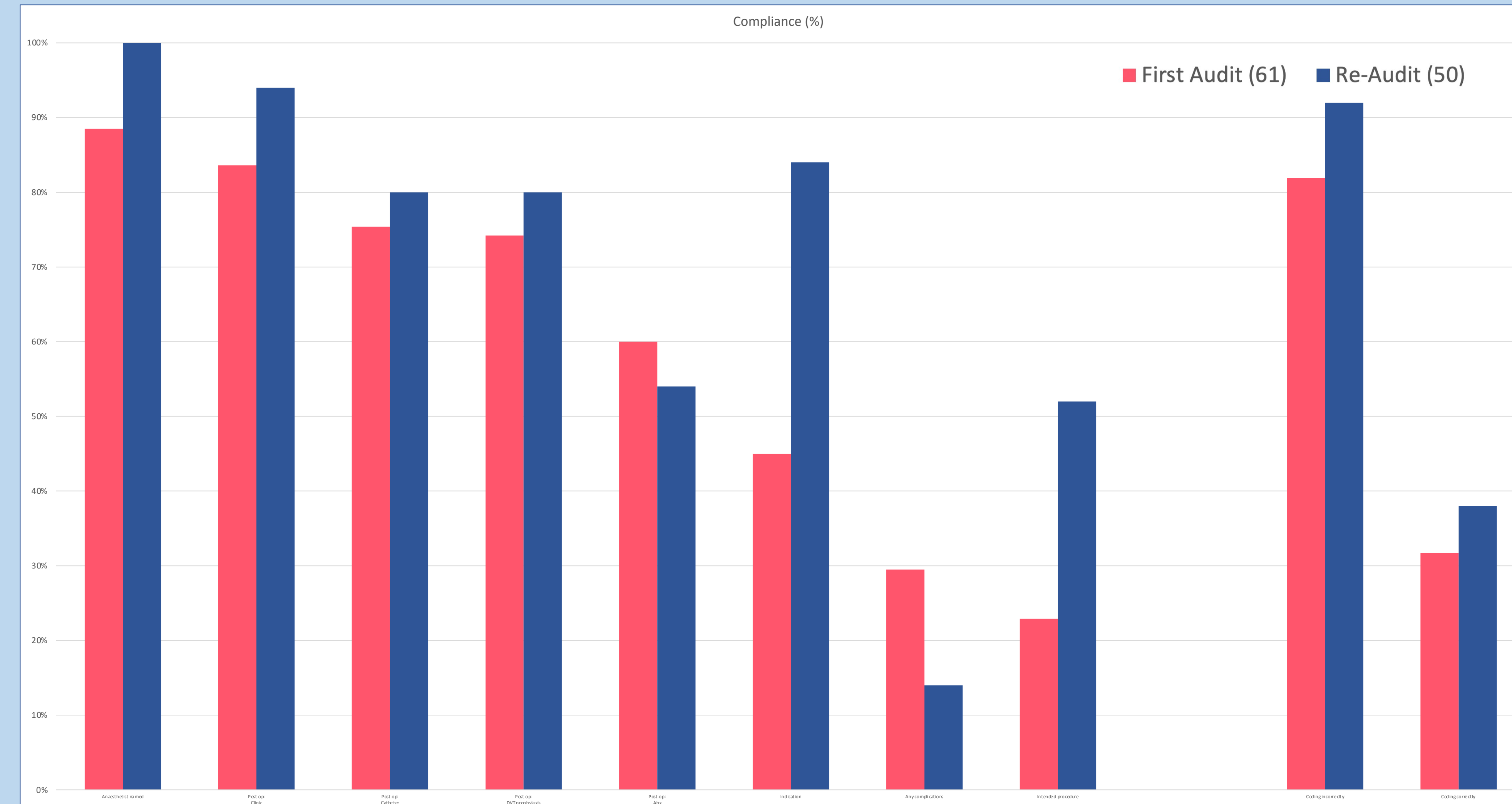
- 61 consecutive gynaecological operative notes between April and May 2022 were reviewed

Intervention:

- Local presentation with discussion of recommendations
- Posters with acronym particularly emphasising the post-operative plan (Image 1)
- Communication of results via email and Whatsapp group

Re-Audit:

- 50 operative notes were reviewed August to September 2022



Results

Adherence to RCS guidance

- Electronic documentation allows for good compliance with date, time, and signature (100% in initial audit)
- Prompts from electronic proformas allows for good compliance with criteria such as name of surgeon, details of incision, details of closure, name of operation done, operative findings and diagnosis (all >96% compliance on initial audit).

- Key criteria that required improvement in the initial audit are illustrated in the graph above
- Overall, adherence to the guidelines improved after completion on the audit cycle
- Completeness of post-operative plans improved significantly:
 - Follow up plan: increased from 83% to 94%
 - Catheter management: increased from 75% to 80%.
 - DVT prophylaxis, in relevant cases: increased from 74% to 80%

Coding:

- Any attempt of coding: increased from 82% to 92%
- Coding the procedure correctly: increased from 32% to 38%

Conclusions

- This study has shown that the quality of operation notes can be improved by educational presentations, increasing awareness of the RCS guidelines and use of poster prompts.
- Audits should be conducted regularly to continue to improve the standard of operative documentation.
- Addition of specific prompts on operative proformas such as 'VTE prophylaxis' should be considered to further increase compliance.
- Further education is required to improve clinical coding

Limitations

- No current guidance specific to gynaecological procedures therefore certain operations has to be excluded as many of the criteria were not relevant (e.g. incision details). This included hysteroscopic procedures.

OP NOTE PLAN: DON'T FORGET **CCC+C!**

Clexane
Clinic
Catheter
+
Coding!

Remember to comment on the patient's need for **clexane** while in hospital or on discharge, whether any follow up is/ is not required for the patient (**clinic**/ MDT/ virtual/ none), and when to TWOC / mention of home when passing urine if an in/out **catheter** is used.
Also don't forget to **code** the operative procedure under 'procedures' and diagnosis under 'diagnosis'

References

- Vermeir P, Vandijck D, Degroote S, et al. Communication in healthcare: a narrative review of the literature and practical recommendations. Int J Clin Pract. 2015;69(11):1257-1267.
- Royal College of Surgeons of England. 2008. Good surgical practice. London: Royal College of Surgeons of England.



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