The Pen is Mightier than the Scalpel: Using Precise Documentation to Reduce Reoperation Rates

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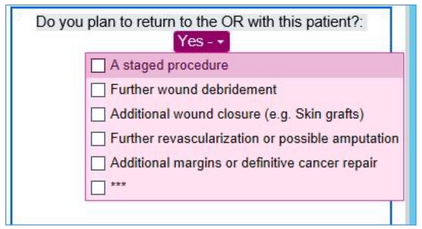
Introduction

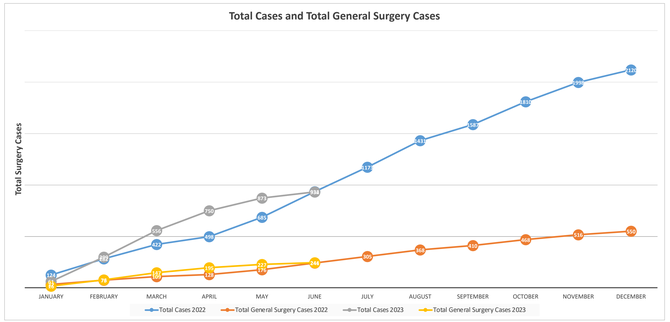
From October 2020 – October 2021, unplanned return to the OR was one of the top 2 areas of improvement for General Surgery and the top area for improvement by Orthopedic Surgery. From both the General Surgery perspective and the Orthopedic Surgery perspective, a majority of the residents and surgeons fell below the NSQIP benchmark for expected outcomes.

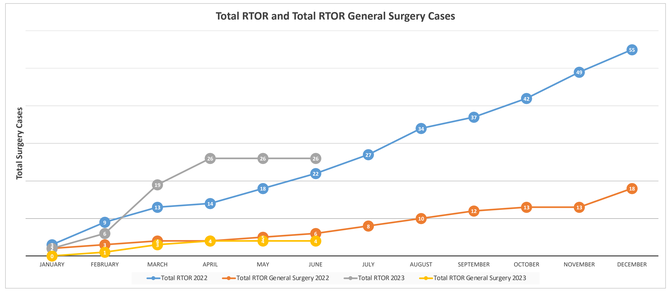
NSQIP defines an unplanned return as one 'that was not planned at the time of the primary procedure. The 'Unplanned' qualifier is meant to reflect that there was no prior documentation in any available records, before or during the primary procedure (operative report), that this reoperation was part of a plan of care for the patient.'

According to data between October 2021-August 2022, 120 patients were captured within the 30 day filter with 40 of them meeting the criteria for an unplanned return to OR. The excluded patients had written documentation of a future return to the OR at the time of the initial procedure. The most common reasons were: a staged procedure, further wound debridement, additional wound closure, further revascularization attempts or possible amputation, for additional margins, or definitive cancer repair. This highlights the importance of prompt and accurate documentation.

However, at present there is no standardized documentation to determine whether a return to OR was unplanned or planned, therefore we are implementing an additional statement to the bottom of the Brief Op Note. We plan to assess if we can improve our rates of unplanned returns to the OR as part of a performance improvement plan.







	January	February	March	April	May	June	July	August	September	October	November	December	Total
Total Cases 2022	124	158	140	76	187	249	239	258	156	223	188	122	2120
Total General Surgery Cases 2022	32	41	36	19	48	65	64	63	42	58	48	34	550
Total RTOR 2022	3	6	4	1	4	4	5	7	3	5	7	6	55
RTOR General Surgery 2022	2	1	1	0	1	1	2	2	2	1	0	5	18
Total Cases 2023	61	238	257	194	123	59							932
Total General Surgery Cases 2023	16	60	71	48	32	17							244
Total RTOR 2023	2	4	13	7	0	0							26
Total RTOR General Surgery 2023	0	1	2	1	0	0							4

Methods and Procedures

We created a standardized smart phrase to indicate planned future RTOR in all operative notes at the Queens Medical Center which became effectively mandatory in January 2023. After a 6-month period, we compared preliminary RTOR data to annual RTOR data from the 2022 NSQIP report for our institution. Chi-square and Fisher's exact tests were utilized for our analysis (alpha=0.05).

Results

From January 16, 2023 to June 16, 2023, there were a total of 906 surgical cases at our institution, with 244 (27%) being general surgery cases, and 4 (1.6%) recorded as unplanned RTOR. In 2022, there were 2,120 surgical cases, with 550 (26%) general surgery cases, and 18 unplanned RTOR (3.3%).

Conclusions

Since instituting mandatory postoperative documentation in January 2023, the proportion of recorded unplanned RTOR at our institution has decreased over 50% compared to data from 2022. The preliminary results of our study highlight the importance of documentation in accurate assessment of hospital quality indicators and support the utility of standardized operative note templates.

References:

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2. Steinberg SM, Popa MR, Michalek JA, Bethel MJ, Ellison EC. Comparison of risk adjustment methodologies in surgical quality improvement. Surgery. 2008 Oct;144(4):662-7; discussion 662-7. doi: 10.1016/j.surg.2008.06.010. PMID: 18847652