

Documentation Burden: The Impact of Inadequate Operative Reports on Surgical Outcomes

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Background

- Operative report documentation (ORD) plays a pivotal role in billing, medico-legal, research and surgical planning.
- There is growing interest in structured and standardized ORD.
- Improved use of ORD for purposes of clinical research & surgical quality improvement provides an opportunity to optimize surgical care.
- Consensus of procedure specific details aid in classifying high-quality ORD in VHRs.

Objective

- To determine the incidence of poorly-detailed operative reports that describe VHR and assess their association with increased rates of hernia recurrence, reoperation, SSI, and death.

Methods

- 1010 VHR operative reports were obtained from a medical-legal database & reviewed for key details.
- Highly-detailed ORD defined as >70% of recommended details.
- Associated hospital data and clinical outcomes retrieved included SSI, hernia recurrence & reoperation.
- Univariate & multivariate analyses performed to compare highly-detailed vs poorly-detailed ORD and their associated postoperative outcomes.

Results

- 35.7% of reports were highly-detailed.
- Poorly detailed op reports more likely for older operative note, cases without resident involvement, and clean procedures.
- Poorly detailed op reports more likely to be associated with SSI (p= 0.006), recurrence (p=0.002), and reoperation (p=0.001).

Table 1. Factors that Affect Operative Report Quality

	Overall N=1011	Low Quality (n=650)	High Quality (n=361)	P-Value
Timing of Procedure Data				
<2010	418 (41.3%)	298 (45.8%)	120 (33.2%)	0.0001
Weekday Procedures (MTWR)	787 (77.8%)	506 (77.8%)	281 (77.8%)	0.932
Duration of Procedure Longer than Expected	143 (14.1%)	78 (12%)	65 (18%)	0.007
Author Demographic Data				
Resident Author	82 (8.1%)	45 (6.9%)	37 (10.2%)	0.157
Attending Author	929 (91.9%)	605 (93.1%)	324 (89.8%)	
Procedure-Specific Data				
Resident Involvement	271 (26.8%)	136 (20.9%)	135 (37.4%)	<0.0001
Wound Class <3	854 (84.5%)	574 (88.3%)	280 (77.6%)	<0.0001
Concomitant Procedures	234 (23.1%)	117 (18.0%)	117 (32.4%)	<0.0001

Conclusion

- There is a deficiency in detail among ORD detailing VHR.
- Poorly-detailed ORD are associated with increased post-operative complications.

Discussion

- Future work is needed to understand the impact of high-quality ORD on surgical care.
- Developing and maturing a more standardized approach to ORD can potentially improve compliance, quality documentation, cost and opportunities in surgical research.

References

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