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Original article

Bariatric operative reporting: Quality assessment and perceptions among bariatric surgeons

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Abstract

Background: The quality of narrative operative notes is poor. No investigation has previously addressed operative reporting specifically in bariatric surgery.

Objectives: To evaluate surgeons' perceptions of the quality of operative reporting in bariatric surgery and compare this to an audit of Roux-en-Y gastric bypass (RYGB) narrative reports using validated quality indicators.

Setting: University hospital, Canada.

Methods: A Web-based survey was distributed to bariatric surgeons across Canada. Perceptions regarding the quality of reporting were gathered using a Likert scale (modified Structured Assessment Format for Evaluating Operative Reports) and free text fields. Forty RYGB narrative reports were analyzed against established quality indicators and compared to respondent's perceptions based on themes.

Results: Twenty-four of 34 bariatric surgeons (71%) completed the survey. The most commonly performed procedures were RYGB and sleeve gastrectomy (96% and 100%, respectively). Currently, 70.8% perform a traditional narrative report. The average Structured Assessment Format for Evaluating Operative Reports score for narrative dictations by bariatric surgeons was neutral (27.9/40). The lowest scoring items were the "description of indications" (2.9/5) and "succinctness" (3.3/5). Opinions reflected a need for an immediately generated, standardized, template-based report to improve the quality and accessibility of operative documentation. The quality audit reinforced respondents' perceptions. Reports included only 62.0% ± 6.6% of quality indicators, with the lowest scoring areas being "patient details," "preoperative events," and "postoperative details" (41.1%, 32.4%, and 31.7%, respectively).

Conclusion: This survey revealed a perception of mediocre quality of narrative dictations. This was reinforced by an audit of RYGB operative reports. Future investigations should focus on improving this form of operative communication. (Surg Obes Relat Dis 2016;▮:00–00.)

Keywords: Bariatric surgery; Operative reporting; Quality

Quality assessment and quality improvement have been a predominant focus in surgery over the past decade. However, the scope and solutions to these issues can be difficult to measure. Quality improvement in healthcare is generally carried out by means of assessing the process of care and establishing quality indicators as markers of clinical outcomes. This decreases the time burden and expense of measuring long-term patient outcomes over time [1]. For example, initiatives such as the American College

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of Surgeons National Surgical Quality Improvement Program evaluate quality indicators to give prospective feedback on performance and allow for intervention. This program and initiatives like the World Health Organization Surgical Safety Checklist, have resulted in reduced morbidity and mortality in centers in which they have been adopted [2–5].

Operative reporting is a critical element of the surgical patient's record and may serve as a useful source of data on the processes of care and quality indicators of surgery that take place within the operating room. However, reliable data must be abstracted for the report to be of meaningful value [1,6]. Currently, the standard practice is for the responsible surgeon or delegate to generate a narrative report where steps of the operative procedure, indications, and surgical rationale are described in detail. These reports, however, have come under scrutiny regarding quality, especially with respect to incomplete or inaccurate documentation of critical information[1,7–18]. Narrative reports have been evaluated in several surgical fields such as surgical oncology where the recommendation of subsequent adjuvant treatment is reliant on operative findings and documentation of complete resection. Newer, standardized formats for operative documentation, such as synoptic reporting and templates, have been suggested as being superior in terms of consistency and completeness [6–17]. This implies a potentially more robust source of data for quality assurance and quality improvement strategies.

To date, no comprehensive investigation has evaluated the climate of operative reporting in bariatric surgery despite it being one of the most rapidly growing surgical fields [19]. These are generally co-morbid patients undergoing technically complex surgical procedures. Thus, accurate and timely documentation is required. This is especially important in the face of postoperative complications where diagnostic and treatment delays can be devastating.

The objective of this study is to evaluate the perceptions of bariatric surgeons regarding the quality of operative reporting in bariatric surgery, to determine if respondents believe other technologies may improve these reports, and to evaluate the current quality of operative reports for Roux-en-Y gastric bypass (RYGB) using previously validated quality indicators [20].

Methods

Ethics

Institutional research ethics approval was obtained from the University of Manitoba before the commencement of this study.

Survey

A survey was distributed via a secure Web-based platform (SurveyMonkey Platinum Edition, Palo Alto, CA, USA) to identified active bariatric surgeons across Canada. The aim was for representation from every province and territory currently performing laparoscopic bariatric surgical procedures in Canada. Consent was obtained from each participant at the start of the survey. Demographic information was gathered, including training and practice patterns of current bariatric surgeons. A modification of the validated Structured Assessment Format for Evaluating Operative Reports (SAFE-OR) global rating scale was used to evaluate the impression of the overall quality of narrative dictations in bariatric surgery by attending surgeons [6]. This tool provides a validated framework based on 9 domains to score reports on anchored 5-point Likert scales. This was additionally used to assess perceptions of the quality of synoptic operative reports and gauge their potential to improve surgical documentation in this specialty. Free-text fields were provided to allow participants to elaborate on opinions and feedback. Comments were collated and reported as themes (Fig. 1).

Quality audit

A retrospective audit of local narrative operative reports was performed. The objective of the audit was to correlate respondents' perceptions to objective quality measures for RYGB reporting. The reports were selected at random from RYGBs performed by all surgeons over the time frame between 2011–2015 at the Manitoba Centre for Metabolic and Bariatric Surgery in Winnipeg, Manitoba, Canada. This publically funded bariatric surgery program was established in 2010, employs 4 bariatric surgeons, and currently performs approximately 240 RYGBs per year. This timeframe was selected to reflect a well-established bariatric program and not be confounded by learning curve or significant practice adjustments over time. Quality of the narrative reports was evaluated using consensus-derived quality indicators for a RYGB operative report established through a national Delphi process (see Fig. 2) [20]. The list comprises 75 individual items in a checklist format under 9 subheadings. These indicators include demographic, preoperative, intraoperative, and postoperative items determined by a multidisciplinary group to be important to include in a RYGB operative report. Items were marked as "1" for present, "0" for absent, and "N/A" for not applicable elements [7]. Total present items were tallied and a percent completeness score was calculated. "Not applicable" elements were excluded from the total [7]. Subsection analyses were additionally performed to identify recurrent areas of strength and weakness.

Results

Survey results—demographic characteristics

Thirty-four Canadian bariatric surgeons were identified and invited to participate in the Web-based survey. Seventy-one