

# **SUTURES**

Cedars-Sinai Medical Center  
Department of Surgery  
Special Memorial Day Edition: May 27, 2010

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## **A Special Memo from Dr. Bruce Gewertz**

Dear Colleagues,

To safeguard our patients' safety and our personal and institutional reputations, it is critically important that we consistently and uniformly follow the "Universal Protocol" in every procedure. This is particularly true in operative procedures with laterality.

All attending physicians and staff are responsible for insuring that this central safety measure is utilized to include the preoperative marking of the site and the mandated "time out" prior to incision.

While our compliance with the "Universal Protocol" has been excellent, it is appropriate to re-dedicate ourselves to this most important and effective means of avoiding regrettable errors.

Sincerely,

**Bruce L. Gewertz, MD**  
**Surgeon-in-Chief**  
**Chairman, Department of Surgery**  
**Vice President for Interventional Services**



## **The Link Between Documentation and Data - What You Need to Know**

Since the publication of the Institute of Medicine's report, To Err Is Human: Building a Safer Health System, there has been an emphasis on identifying adverse events that occur in the inpatient setting as a means of informing hospitals of the extent of various problems, and as a means of measuring the

impact of efforts to improve quality. The Agency for Healthcare Research and Quality (AHRQ), a sister agency in the Department of Health and Human Services (DHHS), has developed the Patient Safety Indicators (PSIs). The PSIs are a set of indicators providing information on potential in hospital complications and adverse events following surgeries, procedures, and childbirth that use readily available administrative claims data. Diagnoses and procedures as documented by physicians are converted by the coding department into ICD-9 codes drive the data for these indicators.

One of the indicators is intended to flag cases of complications that arise due to technical difficulties in medical care--specifically, those involving an accidental puncture or laceration. This indicator is defined both on a provider level and on an area level.

*In addition, physician and hospital profiles are now public data. For example, The Centers for Medicare & Medicaid Services (CMS) is planning to publicly post this data on its Hospital Quality Initiatives section of its website.*

*[<http://www.cms.hhs.gov/HospitalQualityInits/>] and to its consumer website [<http://hospitalcompare.hhs.gov>]*

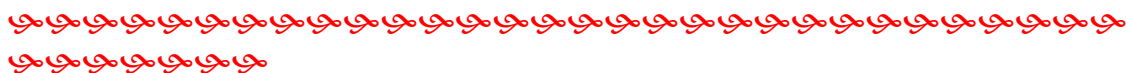
*Inaccurate or incomplete documentation may result in a profile that may not reflect the actual outcomes that occurred during the hospital stay. It is imperative to document all diagnoses with greater detail, to improve documentation of the patient's acuity level and to capture complexity of care.*

In an effort to ensure that we are reporting surgical outcomes as accurately as possible, you may receive a request from the Health Information Department to clarify documentation of a **cut, puncture, perforation, tear, or laceration** in the operative note. The clarification request will focus on the nature of the occurrence. Some considerations may include tears due to tissue friability caused by disease process, or others may be more direct regarding accidental punctures/lacerations of surrounding areas that at times occur with more difficult surgical cases.

If you have any questions about the process, you may contact:

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Items for submission to Sutures may be sent to Meg Jenkins at [jenkinsml@cshs.org](mailto:jenkinsml@cshs.org)

The next SUTURES will be Wednesday, June 9, 2010.