Dictation Templates for Surgical Learning and Improved Operative Reporting

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## INTRODUCTION

- Precise operative reporting is important to patient care, accuracy in billing, and trainee education.
- Operative reports are primarily a method of conveying information, but are prone to inaccurate transcription, incomplete information, and delayed completion.
- These factors hamper the quality of the medical record, billing, and teaching.
- Prior studies have demonstrated that dictation templates decrease rates of inaccuracies, insufficient documentation, and delayed completion of reports.

## STUDY OBJECTIVE

- Determine common surgical procedures in Urogynecology.
- Identify universal template and dictation phrases to improve understanding and readability.
- Compile "Dictation Manual" for Urogynecology Division.
- Distribute information to division and residents for use in dot-phrases.

## METHODS

- 12 month review of all Urogynecologic surgeries completed.
- 23 common procedures identified.
- Standardized blank template created.
- Detailed dictation of each procedure completed.
- Attending affirmation included to avoid deficiencies in billing.
- An index of procedural add-ons created to add additional procedures as needed.
- Dictation manual distributed to entire division and on-service resident physicians.

## RESULTS

### SAMPLE DICTATION

**8. Retropubic Midurethral Sling**

**DATE OF PROCEDURE:**

**PREOPERATIVE DIAGNOSIS:**

1. Lower urinary tract symptoms

**POSTOPERATIVE DIAGNOSIS:**

**PROCEDURE PERFORMED:**

1. Urethrovesical junction urethroplasty
2. Retropubic midurethral sling placement
3. Cystoscopy

**ATTENDING SURGEON:**

**ASSISTANTS:**

**OPERATIVE FINDINGS:**

- Estimated blood loss: 0 cc.
- Urine output: 0 cc.
- Intravenous fluid: 0 cc.

**TIMEOUT:**

- Timeout procedure was performed at the beginning of the operation, validated at the end of the operation and all present were in agreement.

**COGNOTES:**

- Sponges and needles counted CrossRef accounts.

**SPECIMEN:**

- None

**DIAPATH:**

- Boston Scientific Advasrings FOX: Colson O'Connor Blue Line 0

**MEDICATIONS:**

- None

**COMPLICATIONS:**

- None

**BRAINPACKING:**

- Foley catheter in place

**INDICATIONS FOR PROCEDURE:**

Patient was a 70-year-old female with low urinary tract symptoms. Decision was made to perform a retropubic midurethral sling. Specific risks of the procedure included voiding dysfunction, which was permanent, difficult to reverse if needed, and may cause pain, arise into the vagina in the surrounding structures, and cause vaginal infections. After discussion, the patient agreed to proceed with surgery.

**PROCEDURE IN DETAIL:**

The patient was placed in the operating room, general anesthesia was induced without difficulty. She was draped and sterile gloves, drapes, and a high-tech sterile isolation in the OR were applied. Care was taken to ensure she was appropriately positioned and that her joints were properly immobilized and protected. A sterile arthroscopy was performed, and a sagittal view was taken before and after surgery to validate the entire procedure. Following the completion of the procedure, the patient was extubated and transferred to the recovery room. The patient was discharged on postoperative day one, and a follow-up appointment was scheduled for the patient's care.

**SUMMARY:**

- Standardization of universal components of operative reports may improve:
  - Compliance with billing
  - Accuracy of reporting
  - Provider efficiency
  - Time to completion of dictated reports
  - Trainee learning experience

## CONCLUSION

- Standardization of universal components of operative reports may improve:
- Errors in transcription and incomplete dictations commonly affect operative reports at UNM.
- Standard, structured dictation templates can improve accuracy in reporting, billing, and conveying knowledge to trainees.
- Templates are easily copied into PowerChart and can be customized to a surgeon’s usual practice.
- The Urogynecology dictation manual is now available for use.

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## REFERENCES