

INTERVENTIONS TO OPTIMIZE FIDELITY OF COHORT

- We identified several issues affecting accurate patient classification – critical if studying outcomes
- Multiple ICD-9 codes for appendicitis
- Disagreement among surgeons regarding terminology of disease severity
- Poor congruence between radiologic diagnosis, surgical findings and pathology report
- Inaccurate surgical wound class assignment

INTERVENTIONS TO OPTIMIZE DOCUMENTATION AND FIDELITY OF COHORT

- Standardization of operative note template for laparoscopic appendectomy
 - Discrete fields and drop down menus incorporating proper ICD-9 code to reflect intraoperative findings
- Pamphlet posted in OR featuring uniform definitions and descriptions of disease severity, as well as appropriate documentation
- OR nursing staff and surgeon education

“ICD-10 Diagnosis”

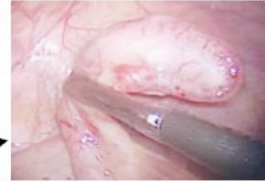
Op Note Diagnosis

K 35.80
“Unspecified acute appendicitis
without localized or generalized
peritonitis”

(Previously 540.9)
(No bacteria outside wall of appendix)

Wound Class: III (Contaminated)

Acute



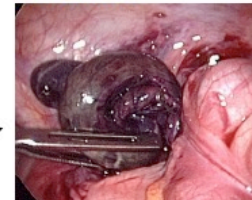
Red
Swollen
Inflamed
NO
Suppuration

Suppurative



Red, Swollen
Suppuration
NO odor
+/- Turbid
fluid

Gangrenous



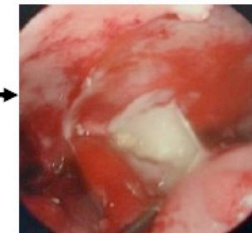
Ischemic
wall
NO
perforation
+/- Odor

Perforated



Ischemic
wall
Obvious
hole and/or
free-floating
fecalith
+/- Pus

Perforated with Abscess



Ischemic wall
Criteria
above PLUS
well-defined
abscess
cavity

K 35.2

“Acute appendicitis with
generalized peritonitis”

(Previously 540.0)
(+ bacteria outside wall of appendix)

Wound Class: IV (Dirty/Infected)

K 35.3

“Acute appendicitis with
localized peritonitis”

(Previously 540.1)
(+ well-formed abscess cavity)

Wound Class: IV (Dirty/Infected)

IMPROVEMENT IN SURGICAL WOUND CLASSIFICATION

