

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

M-2, Part XIV,
Chapter 5

July 12, 1993

1. Transmitted is a revision to the Department of Veterans Affairs Veterans Health Administration Manual M-2, "Clinical Affairs," Part XIV, "Surgical Service," Chapter 5, "Surgical Reports," formerly entitled "Reports of Surgical Service, VA Forms 10-7396 Series."

2. Principal changes are:

(a) Paragraph 5.03: Is completely revised and contains requirements for maintaining the surgical log.

(b) Paragraph 5.04: Is completely revised and changes the reporting requirements for complications deaths from every month to quarterly (RCS 10-0878), and eliminates preparation of VA Form 10-7396a, Complication of Surgical Procedures RCS (10-0082), and VA Form 10-7396d, Annual Report of Surgical Procedures (RCS 10-0084). It also contains instructions for electronic reporting.

(c) Former Paragraphs 5.05, and 5.06: Have been deleted. The VA Annual Narrative Report of Surgical Service (RCS 10-0085), has been eliminated.

3. Filing Instructions

Remove pages

iii
v through vi
5-7 through 5-8a

Insert pages

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v through vi
5-i through 5-ii
5-1 through 5A-3

4. RESCISSION: M-2, part XIV, chapter 5, change 14, dated May 31, 1967; and Interim Issue 10-77-42.

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Under Secretary for Health

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RESCISSIONS

This manual rescinds the following material.

1. COMPLETE RESCISSIONS

a. Manuals

M-2, part XIV, chapter 5, change 14, dated May 31, 1967.

b. Interim Issues

II 10-177

II 10-66-47

II 10-77-42

c. Regulations and Procedure

6210

6371

6808(A)

d. Technical Bulletins

TB 10A-96

TB 10A-106

TB 10A-182

TB 10A-309

TB 10A-345

e. Circulars

10-62-81

10-64-178

f. All-Station Letters and/or Other Communications

Date

Subject

March 8, 1949 Administering of Spinal Anesthetics by Nurse Anesthetists

September 18, 1951

Recovery Rooms

June 19, 1953 Administering Spinal Anesthetics; Use and Abuse of CO₂

2. PARTIAL RESCISSIONS

a. Manuals

Pars. 111, 112, and 114, chart XXXII and figs. 81, 83, and 84, M10-6.

b. Technical Bulletins

TB 10A-272 (insofar as consent for surgery is concerned)

c. Circulars

Par. 4, sec. II, t Cir. 291, 1946

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RESCISSIONS

1. Manuals

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2. Interim Issues

10-77-42

CHAPTER 5. SURGICAL REPORTS

5.01 POLICY

This chapter establishes policy for surgical reports.

5.02 INSTRUCTIONS FOR PREPARATION OF VA FORM 10-7396 (AMIS) SURGICAL SERVICE CODE SHEET, AND VA FORM 10-7396c (AMIS) ANESTHESIOLOGY CODE SHEET, AND THE ANNUAL NARRATIVE REPORT OF SURGICAL SERVICE

a. Instructions for preparation of VA 10-7396 (RCS 10-0080), and VA 10-7396c (RCS 10-0081), are contained in chapters 15 and 32 respectively of MP-6, Part VI, Supplement No. 1.2.

b. The annual narrative report of Surgical Service (RCS 10-0085), is no longer required.

5.03 REQUIREMENTS FOR THE DHCP (DECENTRALIZED HOSPITAL COMPUTER PROGRAM) SURGICAL RECORD

a. The DHCP Surgical Record will contain all pertinent information to include:

- (1) Date,
- (2) Patient's name,
- (3) Patient's Social Security Number,
- (4) Age,
- (5) Members of the surgical and nursing teams,
- (6) Diagnosis,
- (7) Surgical procedure,
- (8) ASA (American Society of Anesthesiologists) classification,
- (9) Specialty,
- (10) Emergency or elective categories,
- (11) Inpatient or outpatient categories,
- (12) Number of transfusions,
- (13) Liters of IV solutions,

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(14) Complications with outcomes,

(15) Deaths, and

(16) Level of resident supervision, as specified in M-2, chapter 26.

b. Pertinent information for all implanted prostheses will include;

- (1) Description name,
- (2) Manufacturer,
- (3) Model number,
- (4) Serial number, and
- (5) Whether permanent or temporary.

5.04 INSTRUCTIONS FOR PREPARATION OF QUARTERLY REPORT FOR SURGICAL SERVICE
(RCS 10-0878)

a. Preparing Offices. Each Surgical Service will transmit a quarterly (3 months) report of all surgical activity along with morbidity and mortality as incorporated in DHCP Surgery Version 2.12 (this version will be replaced by Version 3.0 in the near future). NOTE: This report replaces VA Form 10-7396a, Complication of Surgical Procedures (RCS 10-0084), and VA Form 10-7396d, Annual Report of Surgical Procedures (RCS 10-0082).

b. Reporting Requirements (RCS 10-0878)

(1) The completed quarterly report (version 3.0) will be submitted to Surgical Service, VA Central Office, with a copy to the Regional Office within 30 days of the end of the quarter (September 30, December 30, March 30, and June 30). This process will begin September 30, 1993. NOTE: Surgical DHCP Version 3.0 will be available July 1993.

(2) Reports will be submitted electronically to the National Surgical Database (Hines, IL) on the same schedule. NOTE: Facilities will implement Version 3.0 as soon as it is received from the local ISC (Information Systems Center).

c. Contents of Quarterly Report: The quarterly report will consist of the following:

- (1) Identification of medical center and time span (by months and year);
- (2) Total number of surgical cases;
- (3) Total number of surgical deaths;
- (4) Total number of postoperative complications;
- (5) Number of ambulatory procedures;
- (6) Number of inpatient procedures;
- (7) Number of emergency and elective procedures;

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(8) Number of patients older than 60 years;

(9) Number of patients in each ASA classification; NOTE: These groups will be calculated as a percent of the total cases.

(10) Number of specialty procedures including the total number of death(s), and complications for each category; NOTE: Definitions are outlined in appendix 5A.

(11) Number of complications in each of the following classifications:

- (a) Wound,
- (b) Respiratory,
- (c) Urinary tract,
- (d) CNS (Central Nervous System),
- (e) Cardiac, and
- (f) Other complications;

(12) The clean wound infection rate;

(13) Index procedures which identify the number of cases, the number of complications, and deaths for each procedure; and

(14) Resident supervision. Resident supervision will indicate supervision by attending surgeon during pre-operative, intra-operative and post-operative procedures.

(a) Intra-operative supervision will be classified as level 1, 2, 3, as specified in M-2, chapter 26.

(b) Level 0 indicates no residents.

d. Annual Report. The Hines ISC will prepare an annual report of the electronic data from each Surgical Service. A copy will be sent to VA Central Office Surgical Service (111B) and to the appropriate Regional Office (13_).

DEFINITIONS OF COMPLICATION CATEGORIES

1. WOUND COMPLICATIONS

a. Superficial Wound Infection. Any wound confined to the upper layers of skin invaded by microorganisms, resulting in positive wound cultures and requiring antibiotic (oral or parental) therapy.

b. Deep Wound Infection. A deep seated or intracavitary purulent collection, resulting in positive wound cultures and requiring antibiotic (oral or parental) therapy.

c. Wound Dehiscence. Total separation of the surgical wound including the fascial layer accompanied with serious discharge, but with no evidence of infection. To fulfill the definition an operation for reclosure is required.

d. Mediastinitis. A bacterial infection below the sternum requiring drainage and antimicrobial therapy.

2. RESPIRATORY COMPLICATIONS

a. Pneumonia. Inflammation of the lungs caused primarily by bacteria, virus, or chemical irritants, usually manifested by chills, fever, pain in the chest, cough, purulent or bloody sputum.

b. Unplanned Intubation. Placement of an endotracheal tube for mechanical assisted ventilation due to onset of respiratory, or cardiac, failure manifested by respiratory distress, hypoxia, hypercarbia, or respiratory acidosis subsequent to extubation.

c. Pulmonary Embolism. Lodging of a blood clot in the pulmonary artery with subsequent obstruction of the blood supply to the lung parenchyma (usually from the deep leg veins). This category should be selected if the patient has a V-Q scan interpreted as high probability of pulmonary embolism or a positive pulmonary arteriogram. The diagnosis must be confirmed by the surgeon with the initiation of Heparin Therapy.

d. On Ventilator Support Greater Than 48 Hours After Surgery. Total duration of ventilator assisted respirations during immediate postoperative hospitalization was greater than 48 hours.

e. Other Respiratory Complications. Any complication that cannot be listed under any of the other complication categories related to the respiratory system.

3. URINARY TRACT COMPLICATIONS

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a. Renal Insufficiency. Reduced capacity of the kidney to perform its function as evidenced by a rise in creatinine greater than 2 mg/dl above preoperative value, but not requiring dialysis.

b. Acute Renal Failure. Patient who did not require dialysis preoperatively experiences worsening of renal functions postoperatively requiring hemodialysis, ultrafiltration, or peritoneal dialysis.

c. Urinary Tract Infection. The presence of bacteria in the urine, or urinary tract, with greater than 10 to the 5th organisms/ml and not present preoperatively with the institution of appropriate antibiotic coverage.

d. Other Urinary Tract Complications. This includes any urinary tract complication that cannot be included in one of the predefined categories.

4. CARDIAC COMPLICATIONS

a. Cardiac Arrest Requiring CPR (cardiopulmonary resuscitation). Any cardiac arrest requiring external, or open, CPR of any duration occurring in the operating room, ICU (Intensive Care Unit), ward, or out of hospital after the patient's chest has been completely closed and within 30 days following surgery.

b. Myocardial Infarction. Any myocardial infarction occurring during, or within 30 days following surgery manifested by new Q-waves on EKG (Electrocardiogram), or widening of Q-waves by 0.02 seconds.

c. Pulmonary Edema. Respiratory distress requiring diuretics with evidence of fluid accumulation in the lungs by clinical exam, chest X-ray or invasive monitoring.

d. Low Cardiac Output. Postoperative cardiac index of less than 2.0 L/min/M² and/or peripheral manifestations (e.g., oliguria) of low cardiac output present for 6 or more hours following surgery requiring inotropic and/or intra-aortic balloon pump support.

e. Repeat Cardiopulmonary Bypass. Any repeat operation on the heart requiring cardiopulmonary bypass occurring after the patient has left the operating room from the initial operation prior to discharge.

f. Stroke. Any new objective neurologic deficit lasting 30 minutes or more with onset intraoperatively or occurring within 30 days following surgery.

g. Endocarditis. Any infection (usually on a valve) documented by two or more positive blood cultures with the same organism, and/or development of vegetations and valve destruction seen by echo or repeat surgery, and/or histologic evidence of infection at repeat A-2 surgery or autopsy. (Patient with preoperative endocarditis who have the preceding evidence of persistent infection should be included.)

h. Other Cardiac Complications. Any cardiac complication that cannot be included in any of the other predefined cardiac complication categories.

5. CNS (CENTRAL NERVOUS SYSTEM) COMPLICATIONS

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a. Coma Greater Than 24 Hours. Significantly impaired level of consciousness (exclude transient disorientation, or psychosis) for greater than 24 hours during the postoperative hospitalization.

b. Neurological Deficits. Peripheral nervous system comprises the cranial and spinal nerves from the point of their exit from the CNS to their termination in the peripheral structures. Peripheral nerve dysfunction may result from damage to nerve fibers, cell body, or myelin sheath. Peripheral nerves to be included encompass the cervical plexus, brachial plexus, ulnar plexus, lumbar-sacral plexus (sciatic nerve), perineal nerve, and femoral nerve.

c. Cerebral Vascular Accident. Development of embolic, thrombotic, or hemorrhagic vascular accident with motor, sensory, or cognitive dysfunction (e.g., hemiplegia, hemiparesis, aphasia, sensory deficit, impaired memory) that persists for 24 or more hours.

d. Other CNS Complications. Any CNS complication that cannot be included in any of the other predefined categories.

6. OTHER COMPLICATIONS

a. Ileus/Bowel Obstruction. Prolonged ileus or bowel obstruction. Ileus is obstruction of the intestines from a variety of causes including mechanical obstruction, peritonitis, adhesions, or post-surgically as a result of functional dysmotility by the bowel. Bowel obstruction is any hindrance to the passage of the intestinal contents. Prolonged ileus or obstruction is defined as longer than 5 days postoperatively.

b. Bleeding/Transfusions. Bleeding requiring greater than four units of packed red blood cells or whole blood transfusion. Included are any transfusions (including autologous) given from the time the patient leaves the operating room until discharge.

c. Graft/Prosthesis Failure. Any mechanical failure of an extracardiac vascular graft, or prosthesis, requiring return to the operating room or a balloon angioplasty.

d. DVT (Deep Venous Thrombosis) Thrombophlebitis. Formation, development, or existence, of a blood clot or thrombus within the vascular system which may be coupled with inflammation. This diagnosis is made by the surgeon and may include confirmation by a venogram.

e. Systemic Sepsis. Acute febrile illness resulting from presence of microorganisms or their poisonous products in the bloodstream.

f. Reoperation for Bleeding. Any re-exploration of the thorax for suspected bleeding during the postoperative hospitalization.

g. Other Complications. Any other complication that cannot be grouped into any of the other defined categories.