

American Society of Anesthesiologists
Postoperative Visual Loss Registry

**Packet for Health Care
Providers**

Submitting Patient Medical Records

ASA Postoperative Visual Loss Registry

Packet for Providers Submitting Blinded Medical Records

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Sponsored by the Committee on Professional Liability, American Society of Anesthesiologists (ASA)

ASA Postoperative Visual Loss Registry

Instructions for Submitting Blinded Medical Records

SHOULD I REPORT MY PATIENT'S CASE?

- 1. Did your patient suffer partial or total loss of eyesight within 7 days following *non-eye* surgery?**
 - ◆ We are collecting cases of partial or total loss of eyesight. This includes changes, such as blurred vision, not being able to see as broad an area as before, not being able to see colors, things looking darker, or a need for stronger eyeglasses. It could effect one eye or both eyes. One eye might have different problems than the other eye.
 - ◆ We are collecting cases of vision problems noticed within 7 days after non-eye surgery. If the changes in your patient's vision occurred within 7 days after non-ophthalmic surgery, we can collect your case. If the changes in your patient's vision occurred after eye surgery, we cannot add the case to the study.
- 2. Do you have copies of your patient's medical records?**
 - ◆ If not, are you willing to obtain copies of the patient's records and send them to the Postoperative Visual Loss Registry Coordinating Center? We need many details from the medical records to add to our database. We will need copies of records from the patient's surgery, such as the anesthesia record, the recovery room or intensive care unit (ICU) record, and the eye doctor's reports from the exams that were done to diagnose and treat the patient's eye problems after surgery.

RIGHTS AND PRIVACY OF THE PATIENT ARE PROTECTED

This research study has been reviewed by the University of Washington Human Subjects Review Committee. This Review Committee protects the rights and welfare of people who take part in research studies. Your medical institution may also need to review these procedures.

STEPS FOR SUBMITTING THE PATIENT'S MEDICAL RECORDS

A "To Do" list is provided for your use on page 4.

- 1. Make a *Study Identification Code* (page 5)**

We will not be able to identify the patient or you from this study code. We use this code to make sure we don't receive the same case twice.
- 2. Complete the *Provider Registration and Acknowledgement Form* (page 6)**

Print legibly or type the requested identifying information for the provider submitting the records. *This information will be separated from the records when we receive it.* This identifying information will be used to acknowledge receipt of the case materials and to create a mailing list for contacting participants in the future.
- 3. Request copies of the patient's medical records**

If you already have a copy of this patient's medical records, skip this step.

The Postoperative Visual Loss Registry needs copies of these medical records

 - ◆ *Surgeon's operative report from the surgery associated with the visual loss*
 - ◆ *Anesthesia record from the surgery*
 - ◆ *Postoperative recovery room record from the surgery*
 - ◆ *If the patient went to the ICU, we will need the ICU record.*
 - ◆ *Progress notes from the hospital stay*
 - ◆ *Ophthalmologist records from the first examination after the patient's visual loss symptoms were noted*

- ◆ *Ophthalmologist records from any follow-up examination of the loss of vision*

If you have not yet obtained a copy of the medical records, you will need to get these from the patient's hospital or clinic.

4. Make sure that the copies of all medical records are blinded

All medical records submitted to the ASA Postoperative Visual Loss Registry must have all patient, provider, hospital and clinic names **obscured** (*use white-out or black marker*).

5. Please be sure all photocopies are *readable* (not too dark or too light).

Please send *copies* of the patient's records, not the original records.
We will not be able to return these records to you.

6. Mail the completed case report packet and blinded *copies* of medical records to the Registry Coordinating Center:

ASA Postoperative Visual Loss Registry Coordinating Center

c/o Karen Posner, Ph.D.
Department of Anesthesiology and Pain Medicine
University of Washington
Box 356540
Seattle, WA 98195-6540

NEED HELP ON SUBMITTING THE PATIENT'S MEDICAL RECORDS?

Questions about submission of medical records, case reports or study procedures should be addressed to Dr. Karen Posner at the address listed above

Dr. Posner can also be contacted by:

telephone (206-616-2630)

FAX (206-543-2958)

electronic mail posner@u.washington.edu

Please note that we cannot guarantee the confidentiality of any information sent via e-mail.

ASA Postoperative Visual Loss Registry

"To Do" List

DOCUMENTS THAT NEED TO BE SUBMITTED TO THE REGISTRY

- Completed *study Identification Code* (page 5)**
- Completed *Provider Registration and Acknowledgement Form* (page 6)**
- Obtain copies of the patient's medical records:**
 - ◆ *Surgeon's operative report from the surgery associated with the visual loss*
 - ◆ *Anesthesia record from the surgery*
 - ◆ *Postoperative recovery room record from the surgery*
 - ◆ *If the patient went to the ICU, we will need the ICU record.*
 - ◆ *Progress notes from the patient's hospital stay*
 - ◆ *Ophthalmologist records from the first examination after the patient's visual loss symptoms were noted*
 - ◆ *Ophthalmologist records from any follow-up examination of the loss of vision*
- Blind the copies of the patient's medical records:**

Use white-out or black marker to obscure all references to the patient's name, care provider, hospital and clinic names on your copies of the medical records.
- Mail these documents to:**

ASA Postoperative Visual Loss Registry Coordinating Center
c/o Karen Posner, Ph.D.
Department of Anesthesiology and Pain Medicine
University of Washington
Box 356540
Seattle, WA 98195-6540

ASA Postoperative Visual Loss Registry

Study Identification Code

ANONYMITY OF CASE REPORTS

Each case will have a unique *coded* study identifier to make sure we don't receive the same case twice. We will not be able to identify you, the patient, or your hospital from this study code. We need you to follow the directions to make your study code. We can't make this code because you will black or white out the names on your medical records before you send them to us.

CREATE AN 8-DIGIT STUDY IDENTIFICATION CODE

<i>First letter of the patient's last name. Example: <u>C</u>AMPOS</i>								
<i>Month of surgery (01-12). Example: <u>01</u>/21/99</i>								
<i>Day of birth of the patient (01-31). Example: 07/<u>09</u>/67</i>								
<i>Last 2 letters of the city where the patient had the surgery. Example: SE<u>AT</u>TL<u>E</u></i>								
<i>First letter of the surgeon's specialty (cardiac, orthopedics, neurosurgery, vascular surgery, urology, etc.) Example: <u>N</u>EUROSURGERY</i>								
C	0	1	0	9	L	E	N	Example Study Code
								← Enter Your Study Code Here

SUBMIT THIS SHEET WITH THE MEDICAL RECORDS

Refer to pages 2 and 3 for instructions on submitting all the documents together.

ASA Postoperative Visual Loss Registry

Provider Registry and Acknowledgement

ACKNOWLEDGE YOUR PARTICIPATION IN THE STUDY

When the patient's case is received by the ASA Postoperative Visual Loss Registry Coordinating Center, this sheet will be detached from the case so that it will *not be possible to identify the source of any individual case report*. This identifying information will be used to acknowledge receipt of the case materials and to create a mailing list for contacting participants in the future.

Your (the provider's) Name: _____

Your Complete Mailing Address: _____

Telephone Number (optional): _____