FELLOW PROJECT AND LESSONS LEARNED

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FACULTY FELLOWSHIP

- Best of both worlds?
- New team, new problems.
- Adaptation.
- Identifying your mentor and other possible “allies”.
- Clinical time vs Research time.
FINDING A PROJECT...

- Analyze your environment.
- Identify needs (situational game-changers).
- Feasibility of project?
- Funding?
- Type of project.
At UWMC, suspected or diagnosed cases of abnormal placental implantation (accreta cases) have been scheduled to occur in the Main OR for Cesarean ± Hysterectomy (C-Hyst), because of the potential massive hemorrhage and additional surgical requirements that may be involved when managing such cases.

However, when cases are unsuspected or occur to emergently to be taken down to the Main OR, they are managed in our L&D ORs.

Retrospective chart review (QA-QI project)
  - Publication of results – Other centers have similar protocols.
GETTING DATA…

• AIMS anesthesia records.

• Coding: cesarean section in Main OR and cesarean hysterectomy; cesarean hysterectomy in L&D ORs.

• Bala Nair – thanks!

• Data did not correspond to numbers expected by OB anesthesia team
  • Under-coding.
  • Different type of procedures for cesarean sections in Main OR (not necessarily cesarean hysterectomies)
GETTING DATA...

- Verification of data gathered.
  - Pathology Department list of placentas-uterus coming from specified location.
  - OB-GYN Department census of procedures.

- Access to ORCA (QI/QA option on initial menu when accessing patient’s chart).

- Costs?
  - Different departments to contact.
  - Billing Offices
LESSONS LEARNED

• Plan ahead.

• Design data gathering tool.
  • Think of all data available to be extracted.
  • Avoid reviewing several times electronic medical records.
  • Inconsistencies will appear (in retrospective chart reviews)
  • Assign unique identifiers to each patient (case)

• Time commitment to research purposes (fellow days).
LESSONS LEARNED

- IRB submission – exemption vs minimal risk.
  - Karen Domino
  - Karen Adams

- Data analysis
  - Statistics support – ITHS (Charles Spiekerman, Karen Domino)
  - Simple descriptive statistics could be done on your own (EXCEL, STATA, SPSS trial version – UW has SPSS on Bookstore for a favorable price)

- Submission to academic evening; local, regional and subspecialty/national meetings, creation of a manuscript.
CONCLUSIONS

• Overall, maternal management & outcomes were similar irrespective of location and urgency.

• After multivariate analysis, operative location did not independently predict the cost; however, higher order repeat cesarean deliveries (2 or more previous CD) and low fibrinogen (< 200 mg/dL) were associated with substantial increased costs.

• Further evaluations seem warranted to suggest a tailored approach when managing suspected cesarean-hysterectomy cases.
Figure. Comparison of cost according to location (General OR vs L&D OR) and the number of previous cesarean deliveries. Data presented here for women with fibrinogen < 200mg/dL (N=19). The number of previous CD and low fibrinogen were the 2 independent predictors of cost.