

Perioperative Orthopedic Quality & Safety Newsletter

A Newsletter from the Columbia Orthopedics Quality Team

Happy Summer Happy Spring from the team at Columbia Orthopedics! We are excited to share our reading list for this month, including several informative articles on value in ambulatory versus inpatient surgery, patient satisfaction with postoperative telemedicine visits, and the need for standardization in opioid prescribing practices. Enjoy!

- Columbia Orthopedics Quality Team

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Reading List

JAAOS

[Patient Opioid Requirements are Often Far Less than their Discharge Prescription after Orthopaedic Surgery: The Results of a Prospective Multicenter Study](#) (Wyles et al.)

Wyles et al. discuss the need for evidence-based guidelines for opioid prescribing practices that are procedure-specific, as the majority of patients utilize fewer opioids after orthopaedic surgery than what they are prescribed.

Annals of Surgery

[The Cost of Quarantine: Projecting the Financial Impact of Canceled Elective Surgery on the Nation's Hospitals](#) (Bose et al.)

The authors aim to quantify the financial impact of elective surgery cancellations in the United States during the pandemic and present strategies to increase patient demand to support recovery efforts, especially at rural and urban nonteaching hospitals

[Where is the Value in Ambulatory versus Inpatient Surgery?](#) (Friedlander et al.)

This study compares surgery in inpatient and ambulatory settings and the effects on costs of perioperative care and readmission rates in general surgery, finding that ambulatory surgery is more cost-effective and generally offers better 30-day outcomes in patients.

[Long-term Health Outcomes and Health System Costs associated with Surgical Site Infections: A Retrospective Cohort Study](#) (Petrosyan et al.)

The authors investigate patient outcomes and financial impacts of surgical site infections on hospital readmissions and all cause mortality. This study finds that deep/organ space SSIs in particular contribute to worse outcomes and increased healthcare costs in the year following surgery.

Surgery

[Patient Experience with Electronic Health Record-Integrated Postoperative Telemedicine Visits in an Academic Endocrine Surgery Program](#) (Schumm et al.)

Schumm et al. studied the increase in telemedicine use in response to the 2019 coronavirus pandemic and identified similarly high patient satisfaction rates and surgeon communication in postoperative telemedicine encounters compared to in-person postoperative encounters with patients.