General Data Abstractors' Teleconference
Tuesday, August 11, 2020
10:30 AM

Meeting Minutes

1. Attendees: Beckie Hoppe (University Hospital), Paula Nichols (Confluence), Thomas Yamashita (Overlake), Paula Tillmann (Capital), Kim Olive-Vrieze (Multicare), James Applewhite (Valley), Randi Littlejohn (Virginia Mason), Kelly Jenkins (Legacy), Marilyn Garcia (Morton), Teresa Rogelstad (Legacy), Vickie Kolios (FHCQ), Virginia Harris (Multicare), Jennifer Allen (Prov Sacred Heart)

2. Announcements and Updates:
   - The 8/17 deadline is fast approaching. If you have concerns regarding meeting the deadline, please reach out to Vickie directly.
   - The SCOAP Annual Meeting is now being rescheduled yet again. This will be a virtual meeting. Please let Vickie know if you have any specific needs regarding continuing education.

3. Data:
   a. Issues/questions:
      i. Request for enhancement of preop analgesia section to include separate opioids variable. Vickie noted that the reason there isn't one is that we are specifically looking for non-narcotic preop analgesics. To date, abstractors have been noting opioid use in the free text field. If a separate opioids variable is added, we can populate the old records if the free text field indicates opioids were given. Vickie to discuss with Rick Thirlby and Arman Dagal.

      ii. Request for clarification regarding data entry of height and weight. Currently data dictionary requests that these be rounded. With the new HO2 database, we are now able to enter decimals. Which should abstractors be doing? Example dictionary entry states, "Round rather than including a decimal. This is especially important for the surgeries for which it is important to know the BMI, as the BMI is calculated from the height and weight." Rick Thirlby and Arman Dagal to weigh in (pun intended).

      iii. Clarification of "elective" vs "non-elective" for overarching spine population needed. The current information in the data dictionary under the procedure priority notes, "Elective surgery or elective procedure is one that is scheduled in advance because it does not involve a medical emergency. Non-elective surgery (also referred to as Urgent surgery or procedure) is one that can wait until the patient is medically stable but should be performed within a short time frame (next day or so). Emergency surgery is one that should be performed without delay and is not scheduled in advance. Patients requiring emergency surgeries are typically at risk of death or permanent health impairment if the surgery is not performed or delayed." Do we need to update the inclusion/exclusion criteria document to denote only elective cases, or should we include some non-elective? Arman Dagal to weigh in on this.

4. Reporting:
    a. Issues/questions: It was suggested that we review and update the ERAS scoring for diet advancement for bariatrics as these patients pass clear liquids on day 0. Vickie will follow up with Dr. Thirlby to review the algorithm and propose changes.

Meeting adjourned at 10:59.

Next General SCOAP Abstractor Teleconference: Tuesday, September 8th at 10:30 AM