



## Outcome Recording and Reporting within Spine Surgery Practice

**Jerry Day**

*University of Wollongong Graduate School of Medicine, Australia*

### Abstract:

**Introduction:** Individual surgeon measurement of patient outcomes is a highly desirable component of practice. Combining patient reported outcomes with surgeon recorded outcomes is the most valid way to measure the effect(s) of surgical intervention. Increasingly, internationally and nationally, the expectation is that "standard of care" includes the collection, analysis, and reporting of outcome data. This expectation comes not only from governmental bodies, insurance and payer sources but increasingly from patients. We, as providers of specialized health care services, need to ensure that we, either individually or through our specialty society groups commit to a routine collection of standardized outcomes data.

**Method:** e-Fellow is a digital program specifically targeted for spine surgery. It is an iPad, cloud-based data collection system. E-Fellow collects demographic details, medical history, patient generated outcomes, and surgeon generated outcomes.

Patient generated outcomes (PGO's) are obtained pre-operatively, post-operatively and ongoing through continued follow-up. PGO's consist of a pain drawing, Visual Analogue Scores (VAS) for axial neck or back pain, appendicular scores for arms or legs, functional measurements utilizing Neck Disability Index (NDI) or Oswestry Disability Index (ODI). Patient post-operative satisfaction responses are also collected. Additional QOL surveys such as EQ-5, SF-36 etc. can be added at the request of the individual surgeon.

E-Fellow was integrated into my Practice in August 2013. The database now includes 1,892 patients as of March 5th, 2017. (can update if needed)

(insert image of e-fellow screens)

Immediately post-operatively, Operation report within that individual patients file and also include representative images. (insert image of e-fellow op report)



For each post-operative office consultation, patients repeat the surveys, and when relevant, representative images were recorded and annotate them to show implant position, range of motion, and/or fusion. Additionally, the survey can be completed remotely by telephone when necessary.

**Discussion:** Collecting patient and surgeon reported outcomes in a prospective and efficient digital program format has improved efficiency within my office based clinic. It has improved patient flow from the triaging process, at every consultation to finalization of care. It allows the surgeon to preview invaluable, immediately available history and Quality of Life (QOL) scores when reviewing the e-fellow data prior to consulting with the patient. This tool has provided significant insight at the time of consultation.

### Conclusion

Reliable outcome measurement benefits both the patients and the surgeon and informs the surgeon of their practice results. It is probable that outcome data collection will be mandated by government agencies, health funds, professional societies, and/or other third parties in the future. By proactively collecting and analyzing outcomes data now, the surgeon community can guide and advise such agencies to minimize the possibility of an onerous practice burden being mandated by a third party.

### Publication of speakers:

1. Jerry Day et al. Clinical Senior Lecturer University of Wollongong Graduate School of Medicine] ClinNeurosci.

Neurosurgery Webinar | September 17 2020 | London, U.K

**Citation:** Jerry Day; Outcome Recording and Reporting within Spine Surgery Practice; Neurosurgery Webinar; September 17 2020; London, UK.