Brundage Group
EXCELLENCE IN REVENUE CYCLE

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Surgical Complications

Determining whether certain diagnoses are expected, inherent or truly a complication.

Acute Respiratory Failure:

- Do not document “acute respiratory failure” on post-operative patients unless it takes more than 24 (possibly 48h) hours to liberate them from the vent pending your medical staff’s definition
    - Post-Operative Respiratory Failure is a Patient Safety Indicator (PSI) and is a tracked quality metric

Atrial Fibrillation:

- Atrial fibrillation occurs frequently in CABG patients. It should be coded as it almost always meets the criteria to be considered a valid secondary diagnosis
    - Usually receives some form of treatment
- Documenting "expected Afib post CABG" will allow coding it without a complication code

Acute Blood Loss Anemia:

- Anemia when due to acute loss of blood is not a complication unless specified as such by the surgeon

Hematomas:

- Hematomas are very subjective
- Document them if they are clinically significant
    - If they are large and require treatment or medication changes, document them in the record and code them
- Minor skin bruising and areas of discoloration around fresh incisions are expected and inherit to surgical manipulation

Hypotension:

- Hypotension is a subjective diagnosis. It is not unexpected after a CABG and it may even require pressors but many CT surgeons believe it is inherit to the surgery.
- If documented, it should be documented as expected in most cases unless otherwise specified.

Inquire about the origin of the metric. Many Performance Improvement programs report anything that occurs after admission as a complication because the indicator is "Not Present On Admission (POA)” even if the problem is expected and inherit to the procedure. There is a difference between a true medical complication and what many Performance Improvement (PI) data analytic programs consider a complication.