Patient-Centered Operating Room Briefings to Improve Surgical Quality

To the Editor—Hicks and colleagues1 highlight several ways in which operating room briefings improve patient safety and surgical quality, citing 4 categories of outcomes in their Table 2 that are aligned with Medicare incentives to reduce 30-day readmission rates. The concept of quality, however, has grown increasingly multifactorial in measurement and application. For instance, of the 3 domains of quality in the Centers for Medicare & Medicaid Services’ Hospital Inpatient Value-Based Purchasing Program (clinical process of care, patient experience of care, and mortality outcomes), the patient experience of care counts for 30% of a hospital’s overall score.2 Whether patient satisfaction surveys are valid as an independent measure of experience. When a patient-centered briefing model was recently piloted at my institution, there was initially reluctance, akin to the implementation challenges outlined by Hicks and colleagues.3 But personalizing the briefing succinctly accomplishes 3 objectives: it introduces an unfamiliar patient to the operating room staff; it adds a human dimension to a briefing that is usually filled with technical jargon; and, importantly, it reminds all the participants of the culture of surgical safety and quality of which they are a part.

Certainly some of the improved outcomes associated with operating room briefings can be attributed to better staff communication or attention to prophylaxis. But in terms of the “supportive culture” to which Hicks and colleagues1 refer that sustains a commitment to surgical quality, patient-centered briefings underscore a key tenet of both perioperative teamwork and the patient experience: putting the patient first.

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CORRECTION

Error in Text: In the Original Investigation entitled “Breast Cancer Following Ovarian Cancer in BRCA Mutation Carriers” published in the December issue of JAMA Surgery (2014;149[12]:1306-1313, doi:10.1001/jamasurg.2014.1081), an error was found in the text. The last sentence of the Results section should read “There was no significant difference in disease-free survival between those patients who developed breast cancer and those who did not” instead of “There was no significant difference in disease-free survival between those patients who developed breast cancer and those who did.” This article was corrected online.

Error in Byline and Author Contributions: In the Original Investigation entitled “Optimal Time for Early Laparoscopic Cholecystectomy for Acute Cholecystitis,” published online December 17, 2014, in JAMA Surgery (doi:10.1001/jamasurg.2014.2339), the second author’s name in the byline should have been given as Augustine Obirieze, and in the Author Contributions as Obirieze. This article was corrected online.

Errors in Figure Labels: In the Original Investigation titled “Risk and Patterns of Secondary Complications in Surgical Inpatients” published online December 3, 2014, in JAMA Surgery (doi:10.1001/jamasurg.2014.1795), the labels for Figure 4 and Figure 5 were inadvertently transposed. This article was corrected online.