

IMPACT OF MINIMALLY INVASIVE GYNAECOLOGY FELLOWSHIP TRAINING ON QUALITY PERFORMANCE METRICS FOR HYSTERECTOMY

Lindsay Shirreff¹, John J Matelski², Zahra Sunderji¹, Amanda Cipolla³, Olga Bougie⁴, Jodi Shapiro¹, Leslie K Po⁵, Sabrina Lee⁶, Devon Evans⁷, and Ally Murji¹

¹Mount Sinai Hospital, Toronto, ON, ²University Health Network, Toronto, ON, ³Credit Valley Hospital, Mississauga, ON, ⁴Kingston Health Sciences Center, Kingston, ON, ⁵Sunnybrook Health Sciences Center, Toronto, ON, ⁶North York General Hospital, Toronto, ON, ⁷University of Manitoba, Winnipeg, MB

WHAT IS THE IMPACT OF A
MINIMALLY INVASIVE
GYNAECOLOGIC SURGERY
(MIGS) FELLOWSHIP
ON HYSTERECTOMY OUTCOMES?



STUDY DESIGN

2845 HYSTERECTOMIES BY 75 SURGEONS

52 GENERALISTS
23 FELLOWSHIP-TRAINED



FROM 2016 - 2018

ACROSS 7 HOSPITALS IN ONTARIO, CANADA

PRIMARY OUTCOME

COMPOSITE OF: ANY **COMPLICATION** OR
RETURN TO EMERGENCY DEPARTMENT
WITHIN 30 DAYS OF HYSTERECTOMY

SECONDARY OUTCOMES

2 QUALITY OUTCOME MEASURES

- GRADE OF COMPLICATION
- RETURN TO ER WITHIN 30 DAYS OF SURGERY

4 QUALITY PROCESS MEASURES

- HYSTERECTOMY TECHNICALITY INDEX
- RATE OF SAME-DAY DISCHARGE FOR LH
- RATE OF PRE-OP ANEMIA
- COMPLETION OF CYSTOSCOPY AT LH

FINDINGS

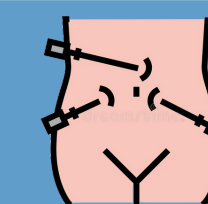


NO DIFFERENCE IN
COMPLICATIONS OR
READMISSIONS
(PRIMARY OUTCOME)

NOTE: HIGHER SURGICAL VOLUME
AND DIFFERENT CASE MIX FOR
FELLOWSHIP-TRAINED SURGEONS

FELLOWSHIP-TRAINED SURGEONS
OUTPERFORMED GENERALISTS IN
3/4 PROCESS MEASURES:

↑ HYSTERECTOMY TECHNICALITY INDEX



↑ RATE OF SAME-DAY DISCHARGE FOR
LAPAROSCOPIC HYSTERECTOMY (LH)



↑ COMPLETION OF CYSTOSCOPY AT LH



⊘ NO DIFFERENCE IN PRE-OP ANEMIA



TAKEAWAY

DIFFERENCES EXIST BETWEEN
FELLOWSHIP-TRAINED
SURGEONS VS GENERALISTS
WITH RESPECT TO CASE MIX
AND PERFORMANCE OF
QUALITY PROCESS METRICS