

Acceptable Risk Policy

An **acceptable risk policy** defines the maximum complication rate that an institution, department, or surgical training program considers tolerable for a specific procedure, patient population, or supervision level.

This policy directly influences the **reference value (k)** used in CUSUM analysis and helps determine when performance remains within safe boundaries.

Why It's Important

- Establishes **clear expectations** for surgical quality
- Serves as a benchmark for **performance evaluation**
- Promotes **fair comparison** across individuals and teams
- Guides decisions about **training thresholds**, credentialing, and escalation of care

How to Define Acceptable Risk

The acceptable risk should be based on:

- **Historical institutional data**
- **Evidence from peer-reviewed literature**
- **Patient safety standards**
- **Level of supervision**
- **Case complexity profiles**

Example (for ICP Monitor Placement):

- Acceptable complication rate (infection, hemorrhage, malposition): **10%**

→ Set $k = 0.10$ in CUSUM formula

In high-risk populations or emergency settings, a slightly higher threshold (e.g., 12–15%) may be reasonable.

Policy Implementation Tips

- Define acceptable risk levels **per procedure**.
- Document policies in surgical protocols or quality assurance guidelines.
- **Review annually** to adapt to changing technologies, training levels, or outcome data.
- Ensure all surgeons and trainees are **aware of the defined thresholds**.

Integration with CUSUM

- The acceptable risk policy provides the **reference rate** for CUSUM.
- Deviations from this benchmark are interpreted within the policy's context.
- Helps distinguish between **random variation** and **true underperformance**.

Having a well-defined acceptable risk policy ensures that performance monitoring is **transparent, consistent, and ethically grounded**.

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