

Documentation in Neurosurgery

- Anatomical Step-by-Step Dissection of Complex Skull Base Approaches for Trainees: Surgical Anatomy of the Translabyrinthine and Transcochlear Approaches
- Are we all seeing the same thing? Discrepancies between parent-reported and physician-reported positional plagiocephaly severity scores
- Treatment Effect of Early Intravenous Milrinone for Cerebral Vasospasm or Delayed Cerebral Ischemia After Aneurysmal Subarachnoid Hemorrhage
- Demographic Perspectives and De-escalation Challenges in Pediatric Emergency Care for Children with Special Health Care Needs
- Utilizing Large language models to select literature for meta-analysis shows workload reduction while maintaining a similar recall level as manual curation
- Exploring the molecular mechanisms underlying intervertebral disc degeneration by analysing multiple datasets
- Attention in surgical phase recognition for endoscopic pituitary surgery: Insights from real-world data
- Primary cerebral hydatid cyst in a pregnant woman: A case report

Documentation is a set of documents provided on paper, or online, or on digital or analog media, such as audio tape or CDs. Examples are user guides, white papers, on-line help, quick-reference guides. It is becoming less common to see paper (hard-copy) documentation. Documentation is distributed via websites, software products, and other on-line applications.

Professionals educated in this field are termed documentalists. This field changed its name to information science in 1968, but some uses of the term documentation still exist and there have been efforts to reintroduce the term documentation as a field of study.

Neurosurgical Documentation.

Documentation adherence

Hanrahan et al. aimed to demonstrate how process mapping can be used to identify reliable areas of documentation in the patient pathway to target structured data entry interventions.

This mixed methods study was conducted in the largest pituitary centre in the UK. Purposive snowball sampling identified frontline stakeholders for process mapping to produce a patient pathway. The final patient pathway was subsequently validated against a real-world dataset of 50 patients who underwent surgery for pituitary adenoma. Events were categorized by frequency and mapped to the patient pathway to determine critical data points.

Eighteen stakeholders encompassing all members of the multidisciplinary team (MDT) were consulted for process mapping. The commonest events recorded were neurosurgical ward round entries ($N = 212$, 14.7%), pituitary clinical nurse specialist (CNS) ward round entries ($N = 88$, 6.12%) and pituitary MDT treatment decisions ($N = 88$, 6.12%) representing critical data points. Operation notes and neurosurgical ward round entries were present for every patient. 43/44 (97.7%) had a pre-operative pituitary MDT entry, pre-operative clinic letter, a post-operative clinic letter, an admission clerking

entry, a discharge summary, and a post-operative histopathology pituitary multidisciplinary (MDT) team entries.

This is the first study to produce a validated patient pathway of patients undergoing pituitary surgery, serving as a comparison to optimise this patient pathway. They have identified salient targets for structured data entry interventions, including mandatory datapoints seen in every **admission** and have also identified areas to improve **documentation adherence**, both of which support movement towards automation ¹⁾.

1)

Hanrahan JG, Carter AW, Khan DZ, Funnell JP, Williams SC, Dorward NL, Baldeweg SE, Marcus HJ. Process analysis of the patient pathway for automated data collection: an exemplar using pituitary surgery. *Front Endocrinol (Lausanne)*. 2024 Jan 12;14:1188870. doi: 10.3389/fendo.2023.1188870. PMID: 38283749; PMCID: PMC10811105.

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