

# GALL BLADDER REMOVAL AMONG INPATIENTS AND OUTPATIENTS: PRELIMINARY FINDINGS FROM ADMINISTRATIVE DATA IN UTAH, 2005



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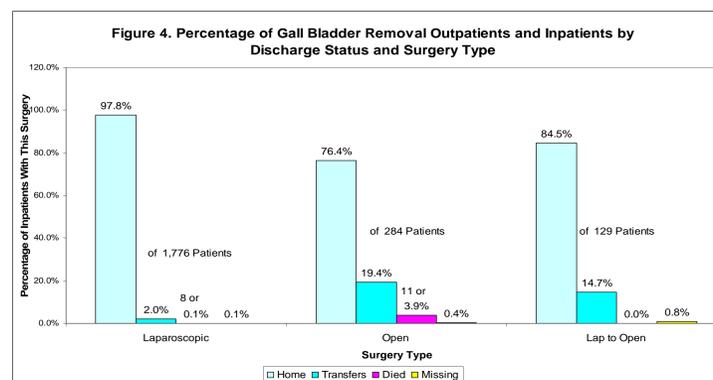
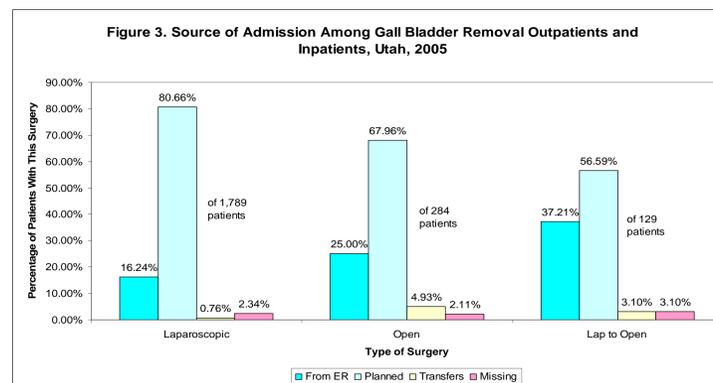
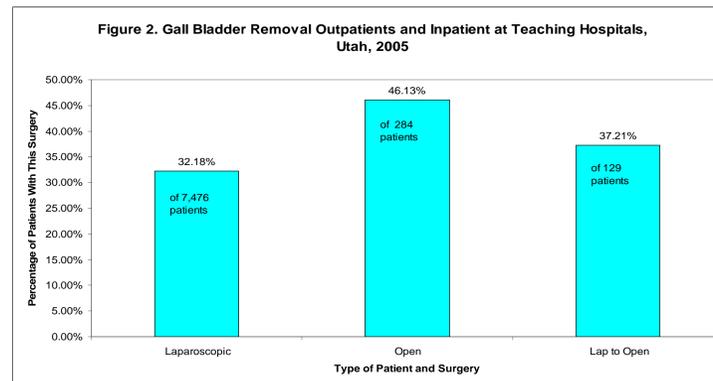
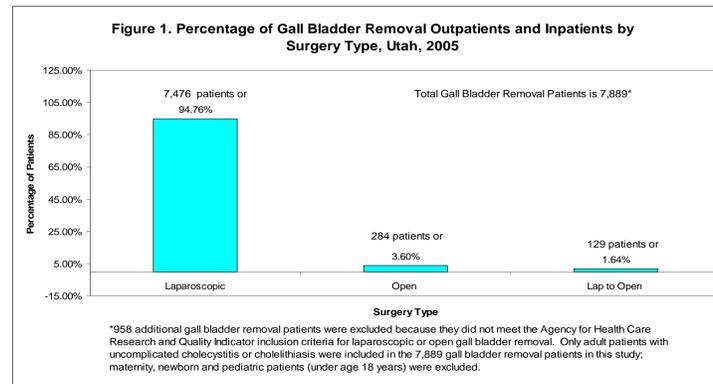


## Introduction

Gall bladder removal (GBR) is a common surgery among both outpatients and inpatients. The Agency for Healthcare Quality and Research (AHRQ) has used laparoscopic (lap) GBR rate as a measure of technology adoption for quality of care. However, the adoption of lap GBR now is widespread, and the utility of this measure has been questioned. This study explores possible additional considerations for public reporting to consumers.

## Method

The sample consists of AHRQ GBR patients at any Utah acute-care hospital (inpatients and outpatients) or freestanding ambulatory surgery center outpatients) that reported ICD-9-CM codes to the Utah Department of Health for 2005. AHRQ GBR patients include only uncomplicated cholecystitis and cholelithiasis patients with open (ICD9 51.22) or lap (ICD9 51.22) GBR and exclude maternity and pediatric (under age 18 years) patients. Inpatients spent at least one night in the hospital. Additionally, we examined patient's source of admission, whether the surgery began as lap and became open (ICD9 V64.41) (lap-to-open GBR) and the patient's discharge status.



## Conclusions

- We advise input from medical specialists before public reporting to consumers on surgery outpatients and inpatients.
- Patients need to know that their GBR may start as lap and become open. They also need to know about rare but serious complications, such as accidental cutting of the common bile duct.
- Though administrative data are not ideal for understanding surgery patients, the severity of their illness and their outcome, these data may help statewide surveillance, improve quality of care and encourage discussion among healthcare professionals, plan providers, policy makers, researchers, patients and families.

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