

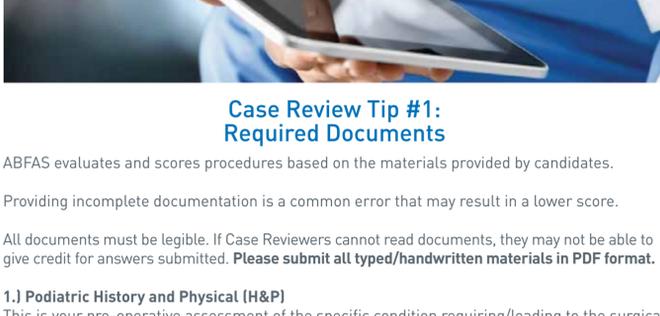


October, 2018



ABFAS 2019 Case Review: What You Need to Know

The 2019 ABFAS Case Review registration opens on November 1, 2018, and closes on December 7, 2018. All Board Qualified candidates should be logging their cases into PLS. In this month's newsletter, ABFAS shares common mistakes and top tips for a successful case review.



Case Review Tip #1: Required Documents

ABFAS evaluates and scores procedures based on the materials provided by candidates. Providing incomplete documentation is a common error that may result in a lower score.

All documents must be legible. If Case Reviewers cannot read documents, they may not be able to give credit for answers submitted. **Please submit all typed/handwritten materials in PDF format.**

1.) Podiatric History and Physical (H&P)

This is your pre-operative assessment of the specific condition requiring/leading to the surgical procedure. Make sure you include all pertinent supportive medical assessments generated by another physician.

If your records are handwritten, please submit H&P records electronically as both (1) scanned copies of all handwritten material; and (2) typed copies of all handwritten materials. Please convert typed copies to PDF format. Alternatively, submit copies of electronic medical records.

2.) Operative Report (OP Report)

Submit a copy of the typed operative report where you are listed as Surgeon (not Co-surgeon, Assistant Surgeon, or any other designation). Please highlight your name if possible. **ABFAS will not accept procedures listing more than one surgeon of record.**

Common error: Another physician listed as surgeon or co-surgeon.

3.) Progress Notes (Post-op Documentation)

Submit **typed progress notes** from the time of first presentation for the condition leading to the procedure(s) performed through final outcome. If a patient undergoes multiple procedures on separate dates, present all progress notes, including any notes related to complications, prior surgery, or surgical revisions.

For procedures involving hospital admissions of greater than 24 hours, include:
 Typed copies of progress notes from the first 3 inpatient days
 Copies of all inpatient progress notes (including those of consultants)
 Typed versions of all outpatient follow-up visit progress notes through final outcome

Submit progress note records electronically converted to PDF format and in chronological order from oldest to most recent.

If a surgery was performed on a patient at a required free clinic/resident clinic/emergency facility, and a candidate was unable to follow the patient postoperatively, please address the reason for the inability for follow-up in the progress notes. Please also note patients who cancel or are no-shows. You can include screenshots of your appointment books/screens that document the cancellation. You may also provide your colleagues' progress notes from the perioperative period.

Note: Preprinted or standardized operative reports with blank spaces filled in or using standardized language from a word processor or computer are NOT acceptable.

4.) Laboratory Reports (Labs/Diagnostic Reports)

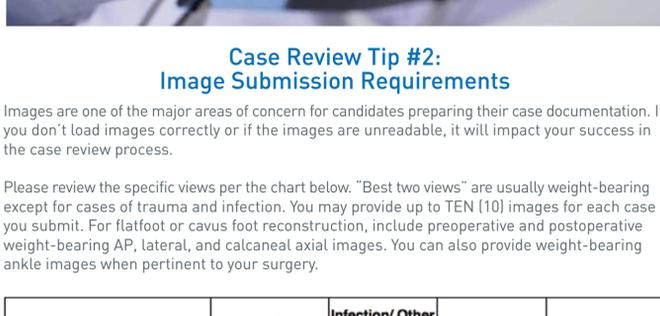
Submit copies of any relevant report of preoperative tests ordered, including laboratory studies, MRI, nuclear medicine, electrodiagnostic studies, etc.

5.) Pathology Report (Path Report)

Submit copies of any pathology report for soft-tissue lesions, infections, and other procedures for which a specimen was sent because abnormal pathology was present.

6.) Intraoperative Anesthesia Record/Circulating Nurse's Notes (Intraop Anes/Circ RN Record)

Submit copies of the intraoperative anesthesia record or circulating nurse's notes from the facility listing the candidate as the surgeon of record (not the anesthesiology consultation notes). This is the primary record ABFAS will use for documentation of surgeon of record.



Case Review Tip #2: Image Submission Requirements

Images are one of the major areas of concern for candidates preparing their case documentation. If you don't load images correctly or if the images are unreadable, it will impact your success in the case review process.

Please review the specific views per the chart below. "Best two views" are usually weight-bearing except for cases of trauma and infection. You may provide up to TEN (10) images for each case you submit. For flatfoot or cavus foot reconstruction, include preoperative and postoperative weight-bearing AP, lateral, and calcaneal axial images. You can also provide weight-bearing ankle images when pertinent to your surgery.

| | First Ray Surgery | Infection/ Other Osseous Foot Surgery | Foot and Ankle Trauma | RA Surgery |
|---|--------------------------------------|---------------------------------------|--------------------------------------|---|
| Preoperative images <i>(weight-bearing not required for trauma)</i> | Weight-bearing AP, Lateral | Best two views | Minimal best two views | Weight-bearing Best two views |
| Initial postoperative images <i>Within 1 week of surgery</i> <i>Demonstrate operative alignment and fixation, if used (intraoperative images acceptable)</i> | AP, Lateral | Best two views | Minimal best two views | Best two views |
| Final outcome images <i>At least 4 weeks postoperative</i> <i>Demonstrate removal of provisional/ temporary hardware and radiographic osseous union of osteotomies, fusions, and fractures</i> | Weight-bearing AP, Lateral | Best two views | Minimal best two views of correction | Weight-bearing Best two views |

Here are some tips on how to upload images successfully.

Format: Submit all images, regardless of original format, in JPG, JPEG or PNG format.

Helpful Hints

Hard Copy Images:

Use a light box to photograph the image.
 Capture the entire image; do not crop or zoom in.
 Ensure the images are clearly readable.
 Make sure the Case Reviewer will be able to clearly identify all pathology, fixation, and bone healing within the image.

Use a digital camera or good mobile phone camera to capture an image. **DO NOT SCAN AN X-RAY.**

Digital images:

Download, save in jpg, jpeg, or png format.

Do not take a picture of the image from a monitor or computer screen.

Follow the Instructions:

- Label all images with the patient name and the date.
- Be sure all uploaded images are of the correct patient and procedure.
- Upload into the correct PLS section.
- First ray and RRA cases need to include weight-bearing pre-op and weight-bearing final images.
- Trauma cases do not require weight-bearing pre-op images.

Case Review Tip #3: Podiatric H&P/Assessment

While providing documentation for case review, please remember that the Podiatric H&P is the problem-focused history and physical that you perform as part of the patient work up in preparation for surgery. It may have been done at the first patient visit or several weeks or months after the first visit when you determined that surgery was the appropriate course of action.

If the H&P is older and is updated, be sure to include both original and updated H&Ps in the upload. If the H&P is recorded in progress notes, place those notes in both the H&P section and also progress notes. If a medical clearance H&P has been completed by an MD/DO, please include it in the H&P section behind your documents.



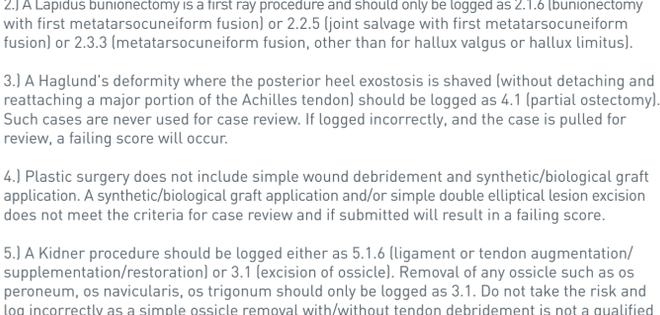
Case Review Tip #4: Documenting Complications

Generally, ABFAS expects your case submission to fully document complications directly related to the selected procedure. For instance, in the case of an osteotomy that becomes displaced (for any reason), or does not heal (nonunion), or becomes infected, the documentation should include the treatment of the complication through resolution to final outcome.

If the complication is unrelated to the selected procedure or occurred after discharge for the initial procedure [fixation loosening after several months, etc.], then the complication does not need to be included.

If the case selected is the revision itself or the specific treatment of a complication, then the pre-op notes and images should be such that they set the stage for the additional treatment.

Keep in mind that ABFAS recognizes complications are a part of doing surgery and that they may or may not be a direct result of action by the surgeon. ABFAS expects candidates will both recognize and treat complications as part of the care of a patient.



Case Review Tip #5: Proper Logging in PLS

You must ensure that you use the correct procedure codes when logging in PLS. Mislogging is one of the major reasons why candidates fail case review. Pay close attention to ensure each case is logged accurately. Below is a list of common logging errors that resulted in candidates failing case review:

- 1.) A Lisfranc fracture ORIF or arthrodesis is not considered a rearfoot procedure. A Lisfranc fracture ORIF should be logged as 4.13 (Open management of tarsometatarsal fracture/dislocation) and a Lisfranc joint arthrodesis is logged as 4.15 (tarsometatarsal fusion). Please note: "Midfoot" joint(s) refers to any joint proximal to, and not including, tarsometatarsal/Lisfranc joint.
- 2.) A Lapidus bunionectomy is a first ray procedure and should only be logged as 2.1.6 (bunionectomy with first metatarsocuneiform fusion) or 2.2.5 (joint salvage with first metatarsocuneiform fusion) or 2.3.3 (metatarsocuneiform fusion, other than for hallux valgus or hallux limitus).
- 3.) A Haglund's deformity where the posterior heel exostosis is shaved (without detaching and reattaching a major portion of the Achilles tendon) should be logged as 4.1 (partial osteotomy). Such cases are never used for case review. If logged incorrectly, and the case is pulled for review, a failing score will occur.
- 4.) Plastic surgery does not include simple wound debridement and synthetic/biological graft application. A synthetic/biological graft application and/or simple double elliptical lesion excision does not meet the criteria for case review and if submitted will result in a failing score.
- 5.) A Kidner procedure should be logged either as 5.1.6 (ligament or tendon augmentation/ supplementation/restoration) or 3.1 (excision of ossicle). Removal of any ossicle such as os peroneum, os navicularis, os trigonum should only be logged as 3.1. Do not take the risk and log incorrectly as a simple ossicle removal with/without tendon debridement is not a qualified procedure for case review and will result in a failing score.
- 6.) If a joint salvage procedure with cheilectomy only is logged as a joint salvage procedure with distal metatarsal osteotomy, the candidate will receive a low or failing score for that case.
- 7.) Open management of fracture or metatarsophalangeal joint (MTPJ) dislocation cases must include internal or external fixation.
- 8.) Open management of any fracture or dislocation logged as ORIF must include internal or external fixation. Example: A patient suffers an inversion injury and fractures the anterior process of the calcaneus. Surgery is performed to remove the fracture fragment. This is not ORIF.

Additional Case Review Tips

Pre-op Assessment vs. Pre-op HP

The label on the first upload tab states Podiatric H&P/Assessment. The documents you upload here should reflect as:

- Your pre-operative assessment of the specific condition requiring/leading to the surgical procedure

Please remember that this is not the pre-operative H&P that the patient's primary care does prior to surgery for medical evaluation and clearance, although you can include that material if you like.

Lost to Follow Up

Please document when patients cancel or do not show up for appointments. You can provide a copy of a screen shot of your appointments screen which typically shows whether or not a patient showed up to their appointment.

Case Review Timeline

November 1, 2018 - Case Review registration opens.

December 7, 2018 - Case Review registration closes.

December 11, 2018 - ABFAS sends candidates instructions for Verification of Surgical Privileges and Facility Surgical Procedure List Attestation.

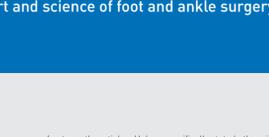
January 4, 2019 - Deadline for Facility Surgical Procedure List Attestation.

January 22, 2019 - ABFAS notifies candidate that the list of procedures selected for complete documentation is available on the PLS site.

March 8, 2019 - Deadline for candidate submission of complete electronic case documentation.

Candidates must submit by 11:59 pm Pacific time.

April 4-6, 2019 - Case Reviewers meet. Candidates do not attend case review.



ABFAS Profile Update

ABFAS reminds you to log into your profile and confirm all contact information, including email address and mailing address is up to date. Please also confirm that all licenses are up to date.

To update your license information, email your license information to licenses@abfas.org or you can fax your information at 415-553-7801.

Since 1975, ABFAS' mission is to protect and improve the health and welfare of the public by the advancement of the art and science of foot and ankle surgery.