

Selectable quality standards in a newly created database, as indicators for the accreditation of an endocrine surgery unit in a tertiary level hospital

Contact name: Vivas Lopez, Alfredo

Institution/company: University Hospital "12 de Octubre"

Phone: 2147483647

Country: Spain

E-mail: alfredovivas7@gmail.com

Type of communication: ORAL

Number Abstracts: 127

Area: 1. Volume, outcomes and quality standards in endocrine surgery.

Eduardo Ferrero Herrero University Hospital "12 de Octubre"; Alfredo Alejandro Vivas Lopez University Hospital "12 de Octubre"; Francisco Javier Guadarrama University Hospital "12 de Octubre"; Julia Bernal Tirapo University Hospital "12 de Octubre"; Carmen Sanchez Garcia University Hospital "12 de Octubre"; David Lora University Hospital "12 de Octubre"; Cristina Narvaez Chavez University Hospital "12 de Octubre"; Pedro Ruiz University Hospital "12 de Octubre"; Jose Ignacio Martinez Pueyo University Hospital "12 de Octubre"

Abstract body (should contain maximum 300 words)

Introduction: The creation of an accreditation model of Endocrine Surgery Units (CE) presents multiple challenges prior to its consolidation. One of them is what parameters of clinical practice, within the databases created for this purpose, should be the indicators of quality and good clinical practices, which determine whether a unit can or can not access this accreditation. **Material and methods:** Based on the existing bibliography, on the experience acquired in the accreditation of other specialized units, and in daily clinical practice, the 7 clinical parameters have been selected, which should be fulfilled in any CE unit that wants to access a future accreditation. **Results:** The following indicators have been established as quality standards in clinical management: 1) Time from the indication of surgery to its completion in the oncological patient 2) Average hospital stay 3) Reintervention rate 4) Proportion of complications in immediate and late postoperative: Hypocalcemia, dysphonia, and hemorrhage. 5) Surgical site infection 6) Morbidity related to procedures. 7) Inadequate resection evidenced in postoperative tests. **Conclusions:** It is essential for the creation of an accreditation model, the determination and compliance with the parameters of good clinical practices