

## Improving Postoperative Care

The postoperative period is a critical phase in surgical care. Patients are vulnerable following surgery and may develop numerous complications, such as infections, pain, respiratory distress, fever, bleeding, blood clots, low blood pressure, sepsis, neurological issues, and more. The postoperative period also represents a liability risk for healthcare providers. MedPro claims data show that allegations related to improper management of surgical patients account for 42 percent of all surgical treatment cases.<sup>1</sup>

During the postoperative period, it's imperative that members of the patient care team remain vigilant about potential risks, attuned to conspicuous and inconspicuous changes in the patient's condition, and responsive to patient- and family-reported concerns. Doing so will help promote optimal outcomes and recovery.

The following risk strategies can help healthcare organizations and patient care teams improve postoperative patient care and reduce liability exposure.<sup>2</sup>

**1**

Ensure that qualified healthcare providers are available to monitor patients throughout recovery periods. These providers should be knowledgeable about potential risks and outcomes and able to appropriately intervene if complications occur. Thorough [credentialing and privileging](#) processes and competency assessment can help ensure a capable and proficient workforce.

**2**

Maintain consistent postoperative patient assessment and monitoring processes, including diligence in checking patients' vital signs, airway, mental/cognitive status, pain, hydration, wound healing, etc.

3

Make sure that providers who are responsible for patient assessment and monitoring are doing so at the appropriate intervals, adequately documenting patient status in the electronic health record, and ensuring timely documentation and communication of critical test results. Routinely audit documentation to ensure compliance with organizational policies.

4

Follow clinical practice guidelines and best practices for pain management, including talking with patients about expectations for managing pain, checking state prescription drug monitoring databases, prescribing limited doses and quantities of opioid pain medications, and using multimodal pain management approaches.

5

Develop detailed policies related to [handoffs and care transitions](#), including specific responsibilities for those involved, requirements for the types of information that providers should share, expectations for using standardized tools (e.g., [I-PASS](#)), and any additional requirements for high-risk patients.

6

Use techniques such as patient safety rounding and [debriefing](#) to help identify issues, address safety concerns, review performance, and identify ways to improve human and system factors.

7

Devise policies, systems, and criteria to prevent issues associated with [failure to rescue](#) during the postoperative period. Examples include chain-of-command procedures, redundant safety systems, rapid response teams, and postoperative milestones. Educate team members about these safety measures and how/when they should use them.

8

Make sure thorough processes are in place for [event reporting and root cause analysis](#) (RCA) that capture adverse events and near-misses related to postoperative care. Team members who are involved in these events should help analyze what happened and provide input on potential solutions.

9

Maintain a consistent postoperative discharge assessment process that includes evaluating patients against discharge criteria and providing patients/caregivers with both written and verbal instructions related to follow-up care. Make sure instructions are written in [plain language](#).

10

Follow up with patients after discharge via phone call to ensure they are recovering as expected and have all pertinent information about their treatment plans and follow-up appointments.

## Resource

For more information on surgical safety, see MedPro's [Risk Resources: Anesthesia and Surgery](#).

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## Endnotes

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<sup>1</sup> MedPro Group surgical treatment closed cases, 2014–2024.

<sup>2</sup> The risk tips in this publication are based on the following resources: The American College of Surgeons. (n.d.). *ACS/ASE medical student core curriculum: Postoperative care*. Retrieved from [www.stitch.luc.edu/lumen/meded/surgery/postoperativecare.pdf](http://www.stitch.luc.edu/lumen/meded/surgery/postoperativecare.pdf); Skilled Wound Care. (2023, October 12). *Best practices for optimal post-op care*. Retrieved from [www.skilledwoundcare.com/post/best-practices-for-optimal-post-op-care](http://www.skilledwoundcare.com/post/best-practices-for-optimal-post-op-care); MedPro Group. (2024 [last updated]). *Checklist: Risk management considerations in surgical practice*. Retrieved from [www.medpro.com/documents/10502/2899801/Checklist\\_Risk+Management+Considerations+in+Surgical+Practice.pdf](http://www.medpro.com/documents/10502/2899801/Checklist_Risk+Management+Considerations+in+Surgical+Practice.pdf); MedPro Group. (2023). *Risk tips: Reducing risks associated with failure to rescue*. Retrieved from [www.medpro.com/documents/10502/3667697/Reducing+Risks+Associated+With+Failure+to+Rescue.pdf](http://www.medpro.com/documents/10502/3667697/Reducing+Risks+Associated+With+Failure+to+Rescue.pdf)

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