within a neurosurgery department to uncover undocumented patient variables which negatively affects LOS quality metrics.

Methods Vizient software was used to analyze DRGs and expected LOS for 53 SAH patients between August 2020 and August 2021. Chart reviews for all procedures were conducted to discover variables missed by the documenting provider or coder.

Results Chart reviews of 53 SAH cases from August 2020 to August 2021 revealed at least one new variable coding for LOS in 49 cases (92%). An average of 3 (2.89) new variables were found per chart (maximum of 8). Expected LOS, recalculated with undocumented variables, increased by an average of 6.46 days (maximum increase of 74.22 days). Most common variables missed were ventriculostomy (17), fluid & electrolyte disorders (15), obesity (14), and Medicaid status (11).

Conclusion Inadequate documentation causes omission of variables coded; in turn, leading to misrepresentation of the quality of patient care being provided. Efforts to guide providers to document their care accurately can improve their quality metrics such as LOS, mortality, and cost estimates.

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E-262 BENEFIT OF ADVANCED 3D DSA AND MRI/CT FUSION IN NEUROVASCULAR PATHOLOGY

1T Dobrocky, 1E Piechowiak, 2D Benvin, 1P Mordasini, 1J Gralla. 1Department of Diagnostic and Interventional Neuroradiology, Inselspital Bern, Bern, SWITZERLAND; 2Department of Neurosurgery, Inselspital Bern, Bern, SWITZERLAND

Purpose Digital subtraction angiography provides excellent spatial and temporal resolution, however lacks the capability to depict adjacent brain parenchyma or spinal cord.

Materials A review of the institutional database was performed to identify patients in whom a new fusion work-flow of cross-sectional imaging and 3D rotational angiography (3DRA)