

Thoracic Surgery - Lung Resection

MEASURE DESCRIPTION(within 30 days from the date of surgery) 24 cases reviewed	Events	UC IRVINE MEDICAL CENTER Observed/Expected(O/E) Odds Ratio 04/01/2017 – 03/31/2018 Lower is better	Quartile RANK (1-4) Lower is better	PERFORMANCE RATING
Morbidity	1	0.93	2	As Expected
Unplanned return to OR	0	0.90	2	As Expected
Unplanned Readmission	4	1.10	3	As Expected

Vascular Surgery

MEASURE DESCRIPTION(within 30 days from the date of surgery) 83 cases reviewed	Events	UC IRVINE MEDICAL CENTER Observed/Expected(O/E) Odds Ratio 04/01/2017 – 03/31/2018 Lower is better	Quartile RANK (1-4) Lower is better	PERFORMANCE RATING
Mortality	2	0.93	2	As Expected
Morbidity	10	0.98	2	As Expected
Unplanned Readmission	9	0.95	3	As Expected
Sepsis	1	0.96	2	As Expected

What are we doing to improve:

Our Thoracic Surgery program and Vascular Surgery has good outcomes. We continually evaluate all aspects of our thoracic and Vascular NSQIP outcome parameters and initiate quality improvement projects to improve selected areas with rates that are higher than the national average.

Adjusted Quartiles/Percentiles: A hospital's odds ratio raw percentile is constructed first by ranking the odds ratios of all hospitals in a model from smallest to largest and then assigning those ranks to 100 sequential groups, each representing approximately 1% of the total number of hospitals. Adjusted percentiles are used to assign hospitals to adjusted quartiles. The FOUR adjusted quartiles (1st, 2nd, 3rd, and 4th) are defined by adjusted percentiles of 1-25, 26-50, 51-75, and 76-100, respectively.

Data Source:

American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP)

UCI Health