

HPB - Hepatectomy

| MEASURE DESCRIPTION(within 30 days from the date of surgery). 13 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 | 0 | 0.97 | 2 | As Expected |
| Morbidity | 1 | 1.08 | 3 | As Expected |
| Respiratory Failure(On vent > 48 Hours) | 0 | 0.96 | 2 | As Expected |
| Unplanned Readmission | 0 | 0.94 | 2 | As Expected |
| Surgical Site Infection | 0 | 0.92 | 2 | As Expected |
| Bile Leakage | 0 | 0.70 | 2 | As Expected |

What are we doing to improve:

Our Hepatobiliary Surgery program has excellent outcomes with a mortality and morbidity rate that is lower than the national average. We continually evaluate all aspects of our hepatobiliary 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