

Urologic Surgery

MEASURE DESCRIPTION(within 30 days from the date of surgery). 146 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	6	0.79	2	As Expected
Surgical Site Infection	3	1.02	3	As Expected
Sepsis	0	0.83	2	As Expected
Renal failure	1	0.97	2	As Expected
Unplanned Return to OR	1	0.87	2	As Expected
Unplanned Readmission	4	0.84	2	As Expected

What are we doing to improve:

The surgical techniques used to perform a modern nephrectomy or partial nephrectomy have been pioneered and perfected UC Irvine urologists. Our clinical and basic science laboratory continues to improve how we train for these procedures and use technology to perform nephrectomies with greater safety and efficiency. In addition, we have developed clinical pathways in collaboration with the Department of Anesthesiology, as part of a perioperative surgical home project. This has produced results by decreasing length of stay, postoperative pain, complications and readmissions.

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