NIH Surgical Services Update: 2019

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Review of "Vision for 2018"

"Re-dedicate the SAC as the primary NIH body responsible for..."

1. Surgical (Peri-Operative) Quality

2. Efficiency & Utilization

3. Contingency Planning



Review of "Vision for 2018"

- 1. Surgical (Peri-Operative) Quality
 - Critical review of adverse events, near-misses, etc.
 - Assessment of competency, maintenance of skills (anesthesia & surgery)
 - Outcomes & peer review processes to support professional development & organizational advancement



SAC: Quality Working Group

- Bi-weekly surgical case review
 - Structured case and peer review
 - Real-time engagement of near misses and adverse events
- Thematic issues for quarterly NIH-wide surgery conference
 - Massive Transfusion Protocol
 - Best practices for intravenous PCA monitoring
 - Uniform management of Obstructive Sleep Apnea

Coordinated responses by DPM, CCND, Surgery

- Surgery planning meeting
 - Integrated effort by DPM, CCND, Surgery
 - Concise, weekly review of planned operative cases
 - Pre-op concerns, intra-operative needs, patient disposition

Capturing Surgical Outcomes

- Previous methods not centralized or standardized
- Outcomes Data are intended to:
 - Demonstrate quality care
 - Improve patient outcomes
 - Identify outliers (positive & negative)
 - Identify areas for standardization
 - Support peer review
- Surgical Outcomes Data project
 - Near completion with phased introduction starting July 2019



Example of Surgical Outcomes

The Event and its Severity

Grading: Uniform definitions established, validated and adopted¹

- Gr 1= deviation from normal without need for intervention beyond routine meds or bedside treatment
- Gr 2= requires pharmacotherapy, such as antibiotics, or blood transfusion
- Gr 3= requires surgical, endoscopic, or radiological intervention
- Gr 4= life-threatening, requiring ICU management; may result in single or multi-organ dysfunction
- Gr 5= mortality

The event (complication):

- Patient-specific
- Procedure-specific
- Operation (encounter)-specific
- Surgeon-specific



Example of Surgical Outcomes

		Sur	aical Co	omplic	ations Da	tabase List	(Past 6 Months)			
							,			
					Group	Totals 🔻				
					Grade 1 and 2	325				
					Grade 3	52				
					Procedures	382				
					Operations	174				
MRN	▼ Patient ID ↓1	Last Name	First Name	SRG_ID V	Surgery Date	Complication Date	Complication	Grade 💌	COMPL	ID ×
	126			283				2	į	542
	126			283	1/8/2019 0:00	1/10/2018 0:00	Fever	1	1	543
	126			283	1/8/2019 0:00	1/10/2018 0:00	Tachycardia	2	Ĺ	544
	126	·		283	1/8/2019 0:00	1/13/2018 0:00	Anemia	2	2	546
	126			283	1/8/2019 0:00	1/13/2018 0:00	Nausea	1		545
	171			267	1/2/2019 0:00	1/12/2018 0:00	Diarrhea	1	4	484
	189			246	1/9/2019 0:00	1/10/2019 0:00	Hypotension	2	Ĺ	504
	189			246	1/9/2019 0:00	1/11/2019 0:00	Hypoglycemia	2	1	505
	190			247	1/9/2019 0:00	1/10/2019 0:00	Anemia	2	Ĺ	507
	190			247	1/9/2019 0:00	1/10/2019 0:00	Fever	1	1	506
	190			247	1/9/2019 0:00	1/15/2019 0:00	Fever	1		508



Data Specificity

- Report to specific service/specialty (multiple surgeons)
- Report data to a specific <u>surgeon</u> with:
 - Organ-specific complications (e.g. respiratory tract)
 - Procedure-related complications (e.g. gastrectomy)
 - Quality indicators (e.g. catheter-associated urinary tract infection)



Outcomes Report

- 21	F	F	G	н г	1	K	-	M	N	0	p	0	R
1	Sure III-1 S	Surgery Date	Surgery Indication T	110	Procedure Name	-T Proc ▼ Body Site			Comp. ID -1 Com		Complication	Grade V	Surgeon -T
31	10	-	Risk Reducing	Primary	Gastrectomy, total	Abdomer		Body	10	Andrew Control	3 Ventricular tachycardia	_	Davis
35	10		Risk Reducing	Primary	Gastrectomy, total	Abdomen	/Pelvis	Body	11		3 Ileus	1	Davis
48	13		Risk Reducing	Primary	Gastrectomy, total	Abdomen	/Pelvis	Body	13		3 Psychiatric, other (Trans	1	Davis
72	19		Risk Reducing	Primary	Gastrectomy, total	Stomach,	Mucosa only	N/A	16		3 Fever	1	Davis
75	19		Risk Reducing	Primary	Gastrectomy, total	Stomach,	Mucosa only	N/A	43		3 Intra-abdominal hemor	r 3	Davis
78	19		Risk Reducing	Primary	Gastrectomy, total	Stomach,	Mucosa only	N/A	42		3 Splenic vein thrombosis	3	Davis
566	56		Risk Reducing	Primary	Gastrectomy, total	Abdomer	/Pelvis	Body	79		3 Fever	1	Davis
606	71		Risk Reducing	Primary	Gastrectomy, total	Abdomer	/Pelvis	Body	99		3 Nausea	1	Davis
609	71		Risk Reducing	Primary	Gastrectomy, total	Abdomer	/Pelvis	Body	100		3 Vomiting	1	Davis
645	71		Risk Reducing	Primary	Gastrectomy, total	Abdomer	/Pelvis	Body	102		3 Fever	1	Davis
648	71		Risk Reducing	Primary	Gastrectomy, total	Abdomer	/Pelvis	Body	369		3 Tachycardia	2	Davis
651	71		Risk Reducing	Primary	Gastrectomy, total	Abdomer	/Pelvis	Body	625		3 Abdominal pain	1	Davis
654	76		Risk Reducing	Primary	Gastrectomy, total	Abdomer	/Pelvis	Body	103		3 Wound infection	3	Davis
656	77		Risk Reducing	Primary	Gastrectomy, total	Abdomer	/Pelvis	Body	104		3 Fever	1	Davis
659	77		Risk Reducing	Primary	Gastrectomy, total	Abdomer	/Pelvis	Body	105		3 Nausea	1	Davis
662	77		Risk Reducing	Primary	Gastrectomy, total	Abdomer	/Pelvis	Body	370		3 Vomiting	1	Davis
665	77		Risk Reducing	Primary	Gastrectomy, total	Abdomer	/Pelvis	Body	371		3 Cough	2	Davis
668	77		Risk Reducing	Primary	Gastrectomy, total	Abdomer	/Pelvis	Body	372		3 Hypoxia	2	Davis
671	77		Risk Reducing	Primary	Gastrectomy, total	Abdomer	/Pelvis	Body	373		3 Infection, other (Haemo	1 2	Davis
720	84		Risk Reducing	Primary	Gastrectomy, total	Abdomer	/Pelvis	Body	107		3 Cough	1	Davis
721	84	- 1	Risk Reducing	Primary	Gastrectomy, total	Abdomer	/Pelvis	Body	108		3 Vomiting	1	Davis



Outcomes Reporting

Outcomes report, 12-month period

Total Operations (patients)	Total Procedures	Grade 1-2	Grade 3-4	
157	375	275	47	

Gastrectomy-specific, major (≥ grade 3) adverse events

Total Operations (patients)	Total Procedures	Grade 3-4	Grade 5		
28	28	18	0		

7 patients experienced at least one major (≥ grade 3) adverse event:

- Anastomotic leak
- Sepsis
- Small bowel obstruction
- Wound hematoma



Thank you

