

Minutes of the Meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Thursday, November 14, 2024 at the hour of 10:30 A.M., at 1950 West Polk Street, Room 5301, in Chicago, Illinois.

I. Attendance/Call to Order

Chair Bhatt called the meeting to order.

Present: Chair Jay Bhatt, DO, MPH, MPA and Directors Sage J. Kim, PhD; Tanya R. Sorrell, PhD, PMHNP-BC; and Mia Webster Cross, MSN, RN (4)

Remotely Present: Director Raul Garza (1)

Also Present: Directors Joseph M. Harrington; Maya Green, MD, MPH, FACHE (remotely present); and Patricia Merryweather (Non-Director Member, remotely present)

Absent: None (0)

Director Webster Cross, seconded by Director Kim, moved to allow Director Garza to remotely participate as a voting member in this meeting. THE MOTION CARRIED UNANIMOUSLY.

Additional attendees and/or presenters were:

Abayomi Akintorin, MD – John H. Stroger, Jr.
Hospital of Cook County

Paul Allegretti, DO – Provident Hospital of Cook
County

Claudia Fegan, MD – Chief Medical Officer

Richard Keen, MD – Chair, Department of Surgery

Steven Kreiser – Press Ganey

Jeff McCutchan – General Counsel

Erik Mikaitis, MD – Chief Executive Officer

Amy O'Malley – Nurse Coordinator II

Alisha Patel – Assistant General Counsel

Deborah Santana – Secretary to the Board

Raji Thomas – Interim Chief Quality Officer

Blessy Varghese – Surgical Quality Manager

Mark Wille, MD, FACS – Attending Physician Sr,
XII SC

The next regular meeting of the Quality and Patient Safety Committee is scheduled to be held on Friday, December 13, 2024 at 11:30 A.M.

II. Public Speaker Testimony

There was no public speaker testimony provided.

III. Action Items

A. Approve appointments and reappointments of Stroger Hospital Department Chair(s) and Division Chair(s) (Attachment #1)

Dr. Claudia Fegan, Chief Medical Officer, provided an overview of the two (2) Stroger Hospital Department Chair Reappointments and one (1) Division Chair Reappointment presented for the Committee's consideration.

Director Webster Cross, seconded by Director Kim, moved to approve Item III(A) the two (2) Stroger Hospital Department Chair Reappointments and one (1) Division Chair Reappointment. THE MOTION CARRIED UNANIMOUSLY.

III. Action Items (continued)

B. Executive Medical Staff (EMS) of Stroger Hospital and Medical Executive Committee (MEC) of Provident Hospital Matters

- i. Receive report from EMS President
 - Approve Stroger Hospital Medical Staff Appointments/Reappointments/Changes (Attachment #2)
- ii. Receive report from MEC President
 - Approve Provident Hospital Medical Staff Appointments/ Reappointments/Changes (Attachment #2)

Dr. Abayomi Akintorin, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, and Dr. Paul Allegretti, President of the MEC of Provident Hospital, presented the proposed Stroger Hospital and Provident Hospital medical staff action items for the Committee's consideration.

Director Webster Cross, seconded by Director Kim, moved to approve Item III(B) the proposed Stroger Hospital and Provident Hospital medical staff appointments, reappointments and changes. THE MOTION CARRIED UNANIMOUSLY.

C. Minutes of the Quality and Patient Safety Committee Meeting, August 15, 2024

Chair Bhatt inquired whether any corrections needed to be made to the minutes.

Director Garza, seconded by Director Webster Cross, moved to accept Item III(C) the Minutes of the Quality and Patient Safety Committee Meeting of August 15, 2024. THE MOTION CARRIED UNANIMOUSLY.

D. Any items listed under Section III

IV. Operational Excellence (OpEx)

A. Update from OpEx Workgroups (Attachment #3)

- Throughput – Provident Hospital: reviewed by Dr. Paul Allegretti and Amy O'Malley

The Update from the Provident Hospital Throughput OpEx Workgroup was reviewed by the individuals listed above. The Committee reviewed and discussed the information.

B. OpEx Dashboard (Stroger, Provident, ACHN) (Attachment #4)

This report was received but not reviewed at the meeting.

C. Update on High Reliability

Steven Kreiser from Press Ganey provided a brief overview of the information expected to be presented on the subject at the November 22, 2024 Board of Directors Meeting.

Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
November 14, 2024

ATTACHMENT #1

Meeting of the CCH Quality and Patient Safety Committee

November 12th, 2024

Back-Up Material for Item No.

Appointment and Re-Appointment of Stroger Hospital Department Chairs and Division Chairs

Respectfully requesting approval of the following:

Re-appointment of the following individual Department Chairs of the Medical Staff of the John H. Stroger, Jr. Hospital of Cook County:

Name	Department/Appt Term	Title
Richard Keen, MD	Surgery Appt Term 11/01/24 – 11/30/26	Chair of the Department of Surgery
Mopelola Akintorin, MD	Surgery Appt Term 11/01/24 – 11/30/26	Chair of the Department of Pediatrics

Re-appointment of the following individual Division Chairs of the Medical Staff of the John H. Stroger, Jr. Hospital of Cook County:

Name	Department/Appt Term	Title
Andrew Dennis, DO	Trauma and Burn Services Appt Term 11/01/24 – 11/30/26	Chair of the Division of Pre-Hospital and Resuscitation



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ATTACHMENT #2



Leadership

Toni Preckwinkle
President
Cook County Board of Commissioners
Erik Mikaltis, MD, MBA
Interim Chief Executive Officer
Cook County Health

Board of Directors

Lyndon A. Taylor
Chair of the Board
Jay Bhatti, DO, MPH, MPA
Robert Currie
Raul Garza
Joseph M. Harrington

Sage J. Kim, PhD
Robert G. Reiter, Jr.
Sam A. Robinson, III, PhD
Tanya R. Sorrell, PhD, PMHNP-BC
Mia Webster Cross, MSN, RN

To: Quality and Patient Safety Committee

From: Executive Medical Staff Committee of John H. Stroger Jr., Hospital

Date: November 12, 2024

CC: Cook County Health

Memo: John H. Stroger Jr., Hospital Medical Staff Action Items

Dear Members of the Quality and Patient Safety Committee of the CCH Board:

Please be advised that the Executive Medical Staff Committee of John H. Stroger Jr., Hospital of Cook County Health has approved the attached list of medical staff action items on October 24, 2024, for your consideration.

Thank you kindly and respectfully submitted,

Abayomi E. Akintorin, MD
President, Executive Medical Staff (EMS)



TO: Quality, Patient and Safety Committee

FROM: Abayomi E. Akintorin, MD, EMSC President

SUBJECT: Medical Staff Appointments and Other Business Recommended by the **Executive Medical Staff Committee.**

Medical Staff Appointments/Reappointments Effective November 14, 2024, and are subject to Approval Cook County Health Systems Boards.

OLD BUSINESS

PHYSICIAN PROVIDERS

Initial(s):

Onyewuchi, Otuonye, MD/Medicine/Hospital Medicine/**Recommended**

PHYSICIAN PROVIDERS

NEW BUSINESS

Initial(s):

Hays, Johnathan Charles MD/Radiology/**Recommended**
Lew, Franklin, MD/Surgery/Plastic Surgery/ **Recommended**
Pridjian, Ara Karekin, MD/Surgery/Vascular Surgery/**Recommended**
Rad, Bianca, DO/Pediatrics/Neonatology/**Recommended**
Srinivasan, Krishnan MD/Medicine/Hematology/Oncology/**Recommended**
Waller, Thomas DO/Medicine/Infectious Disease/**Recommended**
Warner, Kristina Janea MD/Obstetrics/Gynecology/**Recommended**
Zhu, Shuomin, MD/Anesthesiology/**Recommended**

Reappointment(s):

Abughazaleh, Khaled M., DMD/Surgery/Oral & Maxillofacial/**Recommended**
Dennis, Andrew DO/Trauma/**Recommended**
Dotchev, Victoria, MD/Anesthesiology/**Recommended**
Feng, Chun, MD/Radiology/Diagnostic Radiology/Body Imaging/**Recommended**
Floyd, Gail, MD/Family Medicine/**Recommended**
Greenberg, David, M., MD/Surgery/Ophthalmology/**Recommended**
Lin, Michael MD/Medicine/Infectious Disease/**Recommended**
Leekha, Deepak, MD/Medicine/General Medicine/**Recommended**
Keen, Richard R., MD/Surgery/Vascular Surgery/General Surgery/**Recommended**
Rahman, Abed, MD/Anesthesiology/Pain Management/**Recommended**
Sengupta, Mondira MD/Medicine/Rheumatology/**Recommended**
Smith, Nora, M., MD/Family Medicine/**Recommended**
Tymouch, Jaroslav M., MD/Anesthesiology/Pain Management/**Recommended**
Zhuk, Marina, MD/Anesthesiology/**Recommended**

Change in Clinical Privilege(s) (Additions/Deletions):

N/A

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BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON NOVEMBER 14, 2024**

Credentials Committee Meeting: October 24, 2024



Change in Category also includes “FPPE Initials” noted in MSOW images:

Williams, Mallory MD/Trauma: Leave of absence to Provisional/**Recommend**

Resignations/Retirements:

Ganesh, Malini, MD – Medicine/**Recommended**

Gonzalez, Hemil, MD – Medicine/**Recommended**

Ittiara, Shaun T., MD – Surgery/Ophthalmology/**Recommended**

Kaminsky, Matthew, MD – Trauma/**Recommended**

Vaithilingam, Siddharthan, MD – Internal Medicine/**Recommended**

Other Business:

November & December Credentialing Committee Meeting Dates (11/28, Thanksgiving, 12/26, Christmas)-

Credentialing Committee voted to implement electronic voting process for November & December meetings

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Credentials Committee Meeting: October 24, 2024



NON-PHYSICIAN PROVIDERS (NPP):

N/A

OLD BUSINESS

NEW BUSINESS

Initial(s):

Carnathan, Alexandra, J., PA-C/Family Medicine/**Recommended**

Comments: *FPPE NPP Protocol CS/DEA*

Khairallah, Amer PA-C/Medicine/Neurology/**Recommended**

Miller, Michelle PA-C/Emergency Medicine/**Recommended**

Williams, Chudney, APRN/Psychiatry/**Recommended**

Comments: *Temp. privileges requested 9/27/2024*

Reappointment(s):

Barnes, Brenda L., PA-C/Emergency Medicine/**Recommended**

Brooks, Cicely, PA-C/Pediatrics/Correctional Health Services/**Recommended**

Bowers, Mark C., CCP/Surgery/Cardiothoracic/ **Recommended**

Chau, Duy Quang PA-C/Medicine/Neurology/ **Recommended**

Francis, Regeena APRN/ Medicine/Adult Cardiology/ **Recommended**

Freeman, Bethann, PA-C/Emergency Medicine/**Recommended**

Comments: *Expired required DEA (9/30/2024)*

Huber, Andrea Kay, PA-C/Emergency Medicine/**Recommended**

James, Reena APRN/Medicine/Infectious Disease/**Recommended**

Kaniuk, Gary, PsyD/Psychiatry/Correctional Health/ **Recommended**

Kaye, Lauren E., PA-C/Surgery/Urology/**Recommended**

Oguntoba, Segun, B., APRN/Pediatrics/Endocrinology/**Recommended**

Soriano, Alexandra, PA-C/Emergency Medicine/**Recommended**

Strahler, Stephanie PA-C/ Medicine/Adult Cardiology/**Recommended**

Wesolowski, Jacek, APRN/Family Medicine/**Recommended**

Wolfinger, Richard Carl, PA-C/Emergency Medicine/**Recommended**

Change in Collaboration (Addition/Removal):

McDonnell, Kennedy Nicole, PA-C /Pulmonary

Add: Collaboration With Hematology/Oncology: Shweta Gupta, MD and Steven Sandler, MD/**Recommended**

Change in Clinical Privilege(s) (Additions/Deletions):

N/A

Change in Collaboration (From/To):

N/A

Change in Category Status:


Joiner, Alyssa V, Ph.D./Psychiatry: Provisional to Clinical Psychologist/**Recommended**

Resignations/Retirements:

Blaj, Julianna, APRN/Family Medicine/**Recommended**

Credentials Committee Meeting: October 2

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Fapohunda, Olalekan, APRN/Psychiatry/**Recommended**
Gallagher, Maureen, APRN/Medicine/**Recommended**
Igbinoba, Shanna-Kaye, APRN/Medicine/**Recommended**
Klein, Matthew, PA-C/Medicine/**Recommended**

Sanction Screening Reporting –

IDFPR Disciplinary Action Report for August 2024 reviewed as of 10/15/2024 – No Findings.
CMS OPT OUT Affidavits report reviewed as of 10/15/2024 – No Findings.
CMS Preclusion Report reviewed as of 10/15/2024 – No Findings

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BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON NOVEMBER 14, 2024

Credentials Committee Meeting: October 24, 2024



Leadership

Toni Preckwinkle
President
Cook County Board of Commissioners
Erik Mikaitis, MD, MBA
Chief Executive Officer
Cook County Health

Board of Directors

Lyndon A. Taylor
Chair of the Board
Jay Bhatt, DO, MPH, MPA
Inger Burnett-Zeigler, PhD
Raul Garza
Maya Green, MD, MPH, FACHE
Joseph M. Harrington

Sage J. Kim, PhD
Commissioner Bill Lowry • 3rd District
Robert G. Reiter, Jr.
Sam A Robinson, III, PhD
Tanya R. Sorrell, PhD, PMHNP-BC
Mia Webster Cross, MSN, RN

Deborah Santana
CCH Secretary to the Board
1950 W. Polk Street, Room 9106
Chicago, IL 60612

November 8, 2024

Dear Members of the Quality and Patient Safety Committee:

Please be advised that on November 8, 2024 the Provident Hospital Medical Executive Committee voted to approve the recommended actions on the enclosed document. It is being presented to you for your consideration.

Respectfully,

Paul Allegretti, DO
Provident Hospital of Cook County
President, Medical Staff
Chair, Medical Executive Committee

Provident Hospital of Cook County

TO: Quality and Safety Committee

FROM: Paul Allegretti, DO
President, Medical Executive Committee

SUBJECT: Medical Staff Appointments and Other Business Recommended by the
Medical Executive Committee on November 8, 2024

Medical Staff Appointments/Reappointments Effective: 11/14/2024 subject to Approval by the Cook County Health.

New Business

Initial(s):

Warner, Kristina Janea, MD/Obstetrics/Gynecology - Recommended

Reappointment(s):

Dotchev, Victoria, MD/Anesthesiology - Recommended
Feng, Chun, MD/Radiology/Diagnostic Radiology - Recommended
Greenberg, David M., MD/Surgery/Ophthalmology - Recommended
Keen, Richard R., MD/Surgery/Vascular Surgery/General Surgery - Recommended
Leekha, Deepka, MD/Internal Medicine/Internal Medicine - Recommended
Malaki, Laila, DMD/Surgery/Oral & Maxillofacial - Recommended
Zhuk, Marina, MD/Anesthesiology/Pain Management - Recommended

Change in Category:

Aulis, Katherine Kristjanson, MD/Emergency Medicine: Provisional to Affiliate - Recommended
Deamant, Catherine D MD/Internal Medicine/Change from Affiliate to Voluntary - Recommended

MPS Clinical Privileges (New/Revision) - Recommended

Family Medicine: Revisions

- Required Qualifications: Minimum qualification for Preventative or Palliative Medicine
- Privilege Cluster-Preventive Medicine-Eligibility Criteria
- Privilege Cluster-Palliative Medicine-Eligibility Criteria

Other Business: Recommended

Medicine Department Proposal to change Voluntary to Emeritus/Honorary Process

- PowerPoint Proposal
- Proposed Medical Staff Service Department *Good Standing Status Review process*
- Proposed PH Emeritus Good Standing Status approval letter

Resignation(s):

Ganesh, Malini, MD – Medicine - Informational
Ranjit, Deepika, MD – Internal Medicine - Informational

New Business

NPP Initial(s):

Berlin, Meredith APRN/Medicine/Endocrinology - Recommended
Carnathan, Alexandra, J., PA-C/Family Medicine - Recommended
Lillie, Alexandra Ryan, PA-C/Emergency Medicine - Recommended
Scalia, Anthony Joseph, PA-C/Emergency Medicine - Recommended
Williams, Chudney, APRN/Psychiatry - Recommended

NPP Reappointment(s):

James, Reena APRN/Medicine-/Infectious Disease - Recommended
Strahler, Stephanie PA-C/ Medicine/Adult Cardiology - Recommended
Wesolowski, Jacek, APRN/Family Medicine - Recommended

Resignation(s):

Fapohunda, Olalekan, APRN/Psychiatry - Informational
Igbinoba, Shanna-Kaye, APRN/Medicine – Informational

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ON NOVEMBER 14, 2024

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ATTACHMENT #3

COOK COUNTY
HEALTH



Op Ex Throughput Workgroup Status Report Out

Dr. P Allegretti & Amy O'Malley

October 2024



COOK COUNTY
HEALTH

Provident Op Ex Throughput A3

Workgroup Overall A3 Progress

OpEx Provident Throughput Workgroup A3

Workgroup A3 Owners: Dr. Allegretti & Amy O'Malley

This Year's Action Plan															
Goals	Specific Actions / Tactics	Deployment Leader	January - December 2024												
			J	F	M	A	M	J	J	A	S	O	N	D	
Decrease Emergency Department LWBS 2023 Performance: 5.5% 2024 Goal: 4.5% 2024 Stretch Goal: 4.0%	Implement provider out front	Dr. Allegretti	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green				
	Implement pull-to-full	Amy O'Malley	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow				

Provident Op Ex Throughput Subgroup A3

Subgroup Progress

2024 OpEx Provident Throughput Subgroup Workgroup A3

Subgroup A3 Owner: Dr. Allegretti & Amy O'Malley

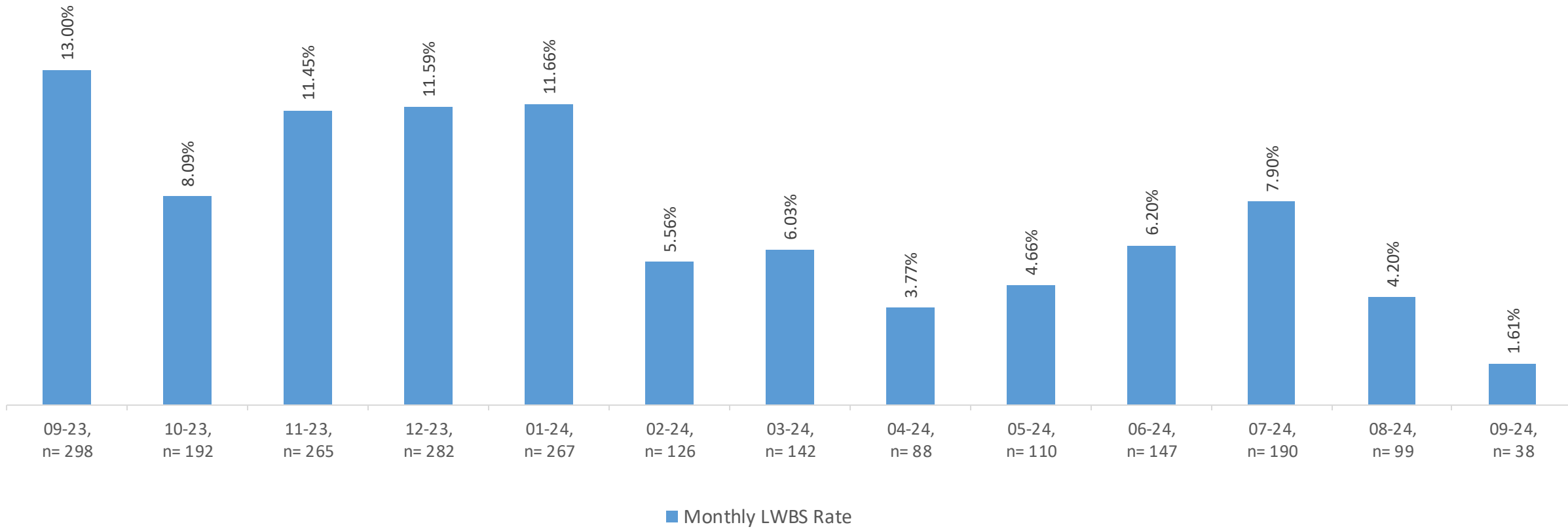
This Year's Action Plan																
Goals	Specific Actions / Tactics	Deployment Leader	January - December 2024													
			J	F	M	A	M	J	J	A	S	O	N	D		
Expand provider out front to peak hours - Monday - Friday from 8:00am - 8:00pm	Add ED Rapid Medical Evaluation tab to tracking board & create instructions for users	Keelie Gaddis	█													
	Review discharge disposition definitions with Ward Clerks	Amy O'Malley		█												
	Automate receipt of daily, weekly, & monthly LWBS metrics from BI	Business Intelligence		█	█	█	█									
	Automate receipt of daily report for rapid provider evals	Cerner Analytics						█								
Implement pull-to-full	Partner with nursing to develop pull-to-full process	Dr. Allegretti Amy O'Malley	█	█	█	█	█	█	█	█	█					
	Provide education & training re: pull-to-full processes to charge nurses & nurses via department meetings & huddles	Amy O'Malley		█	█											
	Move ER tech out to triage to assist w/ vitals, EKGs, labs, & flow & equip w/ TigerConnect phone for ease of contact	Amy O'Malley			█											

Provident Op Ex Throughput Workgroup

Monthly LWBS Rate

Baseline: 5.5% | Goal: 4.5% | Stretch: 4.0%

Provident Rolling 12-month LWBS Rate

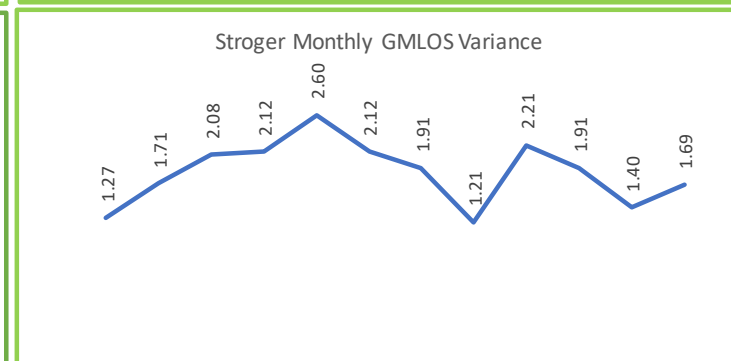
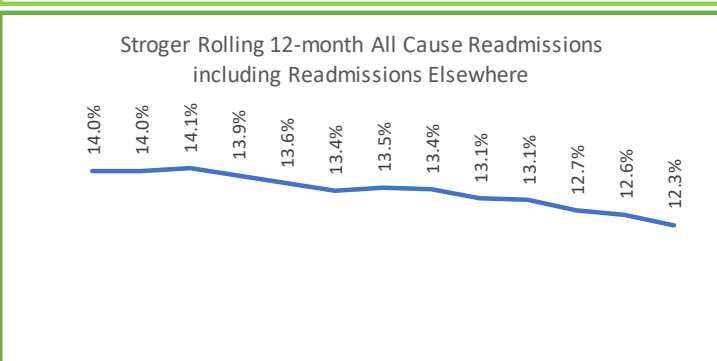
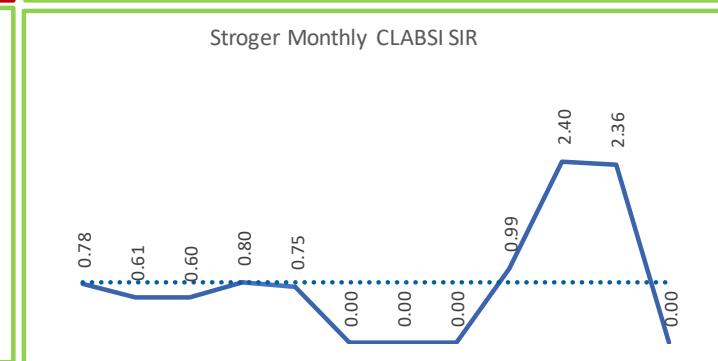
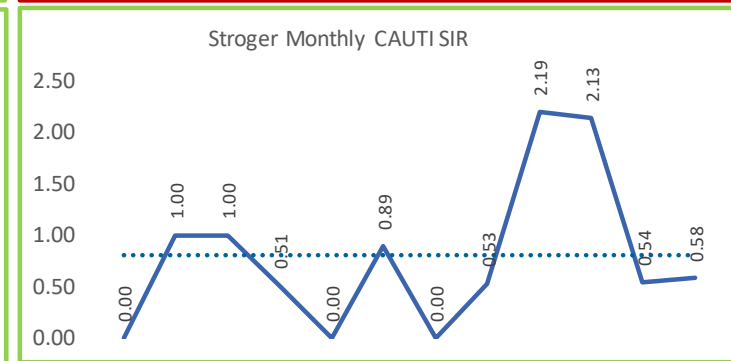
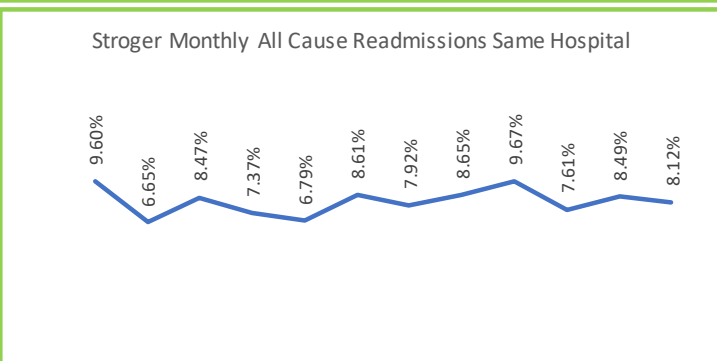
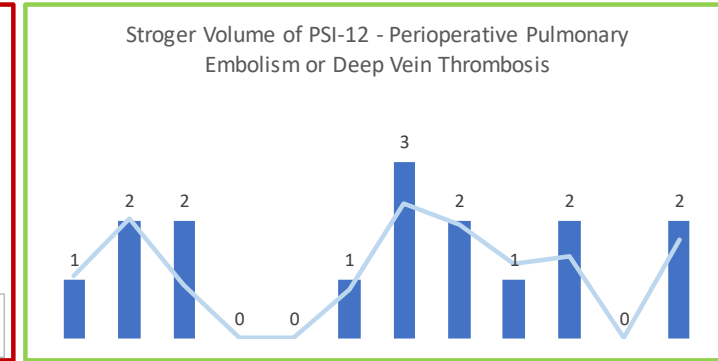
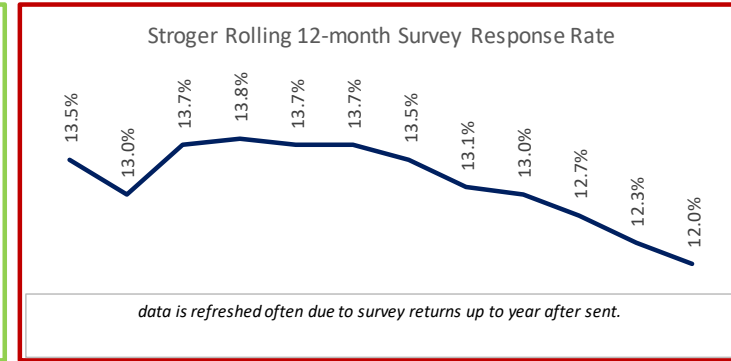
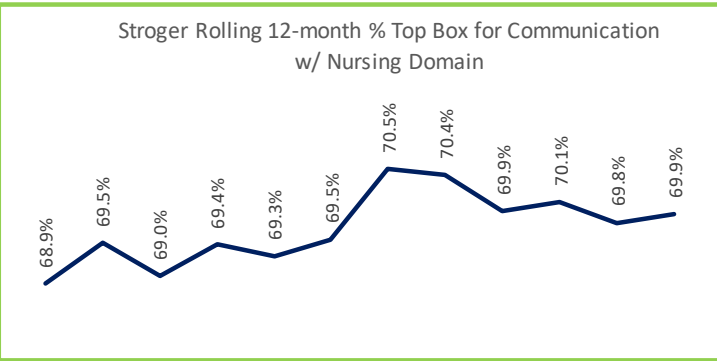


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ATTACHMENT #4

Stroger Op Ex Committee Dashboard

Op Ex Steering Committee Dashboard for Stroger Hospital



Legend

Not meeting Target and no improvement from baseline performance	Not meeting target but improving from Baseline	Met Goal	Met Stretch Target
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Data sources: Patient Experience from Press Ganey; HAIs-Infection Control Dept; VTE PSI - Vizient; Readmissions - Vizient & Illinois Hospital Association; CMI-Vizient
Author: J. Rozenich, BS, MBA
** Survey Responses are refreshed retroactively up to 6-8 months back*
***IHA data is updated quarterly*

Stroger Op Ex Committee Dashboard



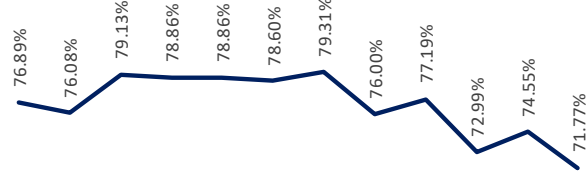
Op Ex Steering Committee Dashboard for Stroger Hospital																					
DOMAIN WORKGROUPS	Metrics	Target	Stretch Target	Baseline	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	2023	YTD 2024	% in change		
PATIENT EXPERIENCE	Rolling 12-month % Top Box for Comm. w/ Nursing Domain	73.00%	77.00%	69.30%	68.86%	69.45%	68.97%	69.43%	69.27%	69.51%	70.53%	70.44%	69.91%	70.05%	69.75%	69.88%	69.46%	70.36%	1.30%		
	Monthly % Top Box for Comm. w/ Nursing Domain	73.00%	77.00%	69.30%	66.51%	69.28%	61.43%	70.34%	75.59%	72.48%	73.20%	66.11%	66.78%	68.44%	71.66%	74.76%					
	Rolling 12-month Survey Response Rate*	15.00%	16.00%	13.60%	13.50%	13.00%	13.70%	13.80%	13.70%	13.70%	13.50%	13.10%	13.00%	12.70%	12.30%	12.00%	13.70%	11.80%	-13.87%		
	Monthly Survey Response Rate* <i>* still updating survey returns *</i>	15.00%	16.00%	13.60%	14.50%	11.00%	12.70%	12.70%	13.40%	13.50%	12.40%	10.60%	12.00%	10.50%	11.40%	9.70%					
CLINICAL OUTCOMES	Monthly Volume of CLABSI			11	1	1	1	1	0	0	0	1	3	3	0	11	9				
	SIR Rate CLABSI	0.8	n/a	0.76	0.78	0.61	0.60	0.80	0.75	0.00	0.00	0.00	0.99	2.40	2.36	0.00	0.76	0.78	2.63%		
	Monthly Volume of CAUTI			11	0	2	2	1	0	2	0	1	4	2	1	1	11	12			
	SIR Rate CAUTI	0.8	n/a	0.47	0.00	1.00	1.00	0.51	0.00	0.89	0.00	0.53	2.19	2.13	0.54	0.58	0.47	0.67	42.55%		
READMISSIONS	Monthly Volume of VTE PSI-12			<=7	0	14	1	2	2	0	0	1	3	2	1	2	0	2	13	11	-15.38%
	Observed over Expected Ratio PSI-12				1.06	2.04	0.90	0.00	0.00	0.82	2.29	1.94	1.26	1.39	0.00	1.69	0.94	1.01	7.00%		
	Rolling 12-month All Cause, All Payer, All Age - Readmissions Rate - CMS Definition Same Hospital	8.40%	8.00%	9.40%	9.20%	8.89%	8.91%	8.76%	8.52%	8.55%	8.42%	8.40%	8.33%	8.27%	8.07%	8.12%	8.76%	8.24%	-5.94%		
	Monthly All Cause, All Payer, All Age - Readmissions Rate - CMS Definition Same Hospital	8.40%	8.00%	9.40%	9.60%	6.65%	8.47%	7.37%	6.79%	8.61%	7.92%	8.65%	9.67%	7.61%	8.49%	8.12%					
THROUGHPUT	IHA Rolling 12-Month All Cause All Payer - Readmissions including other hospitals **	13.00%	12.00%	14.00%	14.00%	14.08%	13.86%	13.59%	13.38%	13.47%	13.41%	13.13%	13.06%	12.73%	12.61%	12.29%	13.43%	11.43%	-14.92%		
	Monthly GMLOS Avg Variance in days, excluding patients >30 days LOS	1.23	0.73	1.73	1.27	1.71	2.08	2.12	2.60	2.12	1.91	1.21	2.21	1.91	1.40	1.69	1.59	1.95	22.64%		

Legend	Not meeting Target and no improvement from baseline performance	Not meeting target but improving from Baseline	Met Goal	Met Stretch Target
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Provident Op Ex Committee Dashboard

Op Ex Steering Committee Dashboard for Provident Hospital

Provident Rolling 12-month % Top Box for Communication w/ Nursing Domain

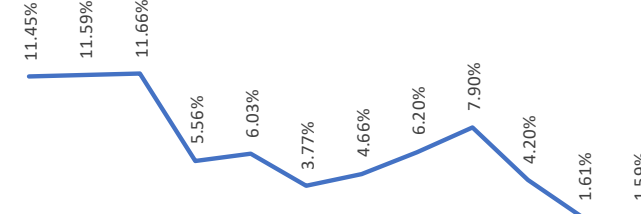


Provident Rolling 12-month Survey Response Rate



data is refreshed often due to survey returns up to year after sent.

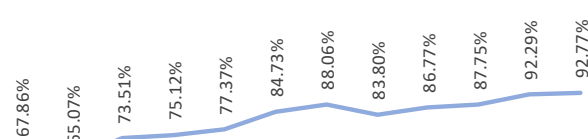
Provident Monthly LWBS Rate



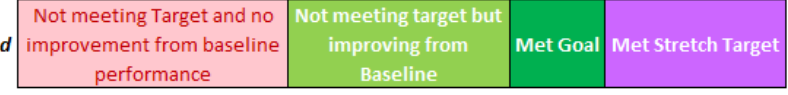
Provident Rolling 12-month SEP-1 Bundle Compliance Rate



Provident Monthly Hand Hygiene Compliance



Legend



Data sources: Patient Experience from Press Ganey; Sep-1 Bundle chart abstracted CMS measure; Hand Hygiene TST Infection Control observation software; LWBS - BI Tableau

Author: J. Rozenich, BS, MBA

**Survey returns are refreshed historically as data is received
n/a = no cases*

Provident Op Ex Committee Dashboard



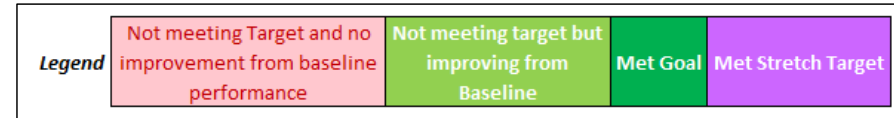
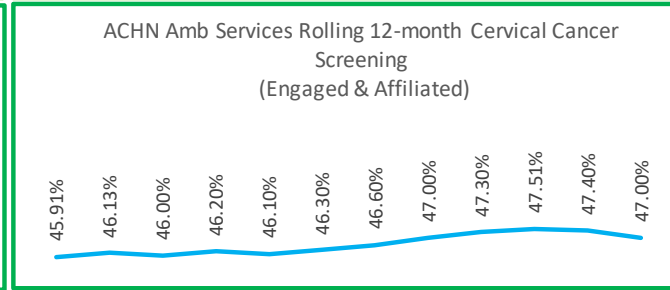
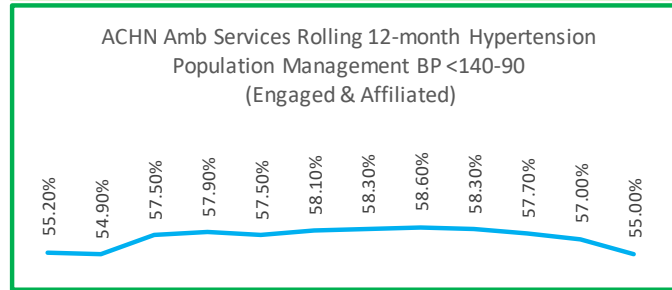
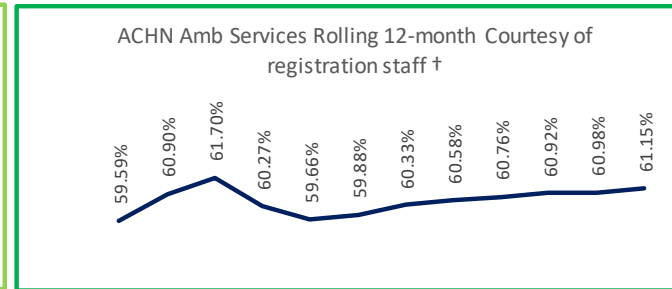
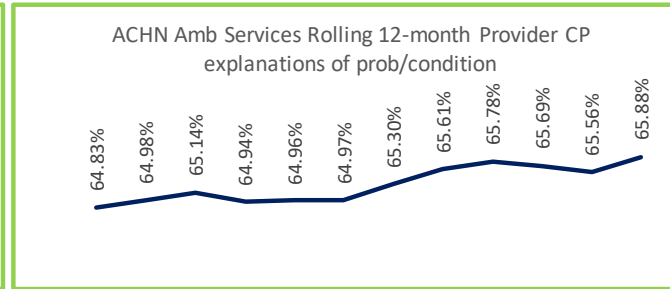
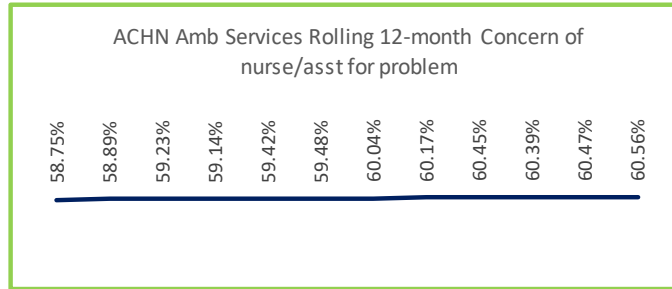
Op Ex Steering Committee Dashboard for Provident Hospital

DOMAIN WORKGROUPS	Metrics	Target	Stretch Target	Baseline	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	2023	YTD 2024	% in change
PATIENT EXPERIENCE	Rolling 12-month % Top Box for Comm. w/ Nursing Domain	79.80%	80.00%	74.63%	76.89%	76.08%	79.13%	78.86%	78.86%	78.60%	79.31%	76.00%	77.19%	72.99%	74.55%	71.77%	76.08%	74.15%	-2.54%
	Monthly % Top Box for Communication w/ Nursing Domain	79.80%	80.00%	74.63%	63.64%	55.56%	100.00%	63.89%	85.16%	71.48%	80.00%	60.00%	100.00%	0.00%	86.67%	50.00%			
					Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	2023	YTD 2024	% in change
	Rolling 12-month Survey Response Rate*	18.00%	20.00%	11.80%	12.70%	12.40%	12.70%	12.20%	12.90%	13.80%	13.50%	14.40%	14.20%	13.80%	14.00%	13.60%	12.70%	13.90%	9.45%
	Monthly Survey Response Rate*	18.00%	20.00%	11.80%	15.40%	12.70%	9.80%	10.90%	17.00%	24.00%	4.80%	16.70%	15.20%	8.10%	15.20%	10.60%			
	<i>* still updating survey returns *</i>																		
CLINICAL OUTCOMES	Rolling 12 month SEP-1 Bundle Compliance	60.00%	65.00%	50.00%	46.15%	47.50%	46.15%	42.11%	42.11%	39.53%	43.24%	45.71%	41.94%	46.67%	46.67%	50.00%	46.15%	50.00%	8.34%
	Monthly SEP-1 Bundle Compliance	60.00%	65.00%	50.00%	33.00%	100.00%	0.00%	33.00%	0.00%	33.33%	no data	100.00%	no data	100.00%	66.67%	no data			
					Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	2023	YTD 2024	% in change
	Monthly Hand Hygiene Compliance	80.00%	90.00%	75.38%	67.86%	65.07%	73.51%	75.12%	77.37%	84.73%	88.06%	83.80%	86.77%	87.75%	92.29%	92.77%	70.00%	84.22%	20.31%
THROUGHPUT	Rolling 12-month LWBS	4.50%	4.00%	5.50%	5.93%	6.49%	7.17%	7.40%	6.97%	7.63%	7.63%	7.80%	7.97%	7.84%	6.90%	5.94%	6.49%	5.32%	-17.97%
	Monthly LWBS Rate	4.50%	4.00%	5.50%	11.45%	11.59%	11.66%	5.56%	6.03%	3.77%	4.66%	6.20%	7.90%	4.20%	1.61%	1.59%			

Legend	Not meeting Target and no improvement from baseline performance	Not meeting target but improving from Baseline	Met Goal	Met Stretch Target

ACHN Op Ex Committee Dashboard

Op EX Steering Committee Dashboard for ACHN



Data sources: Patient Experience from Press Ganey; Sep-1 Bundle chart abstracted CMS measure;
Author: J. Rozenich, BS, MBA

ACHN Op Ex Committee Dashboard



Op EX Steering Committee Dashboard for ACHN

WORKGROUPS	Metrics															2023	YTD 2024	% in change	
PATIENT EXPERIENCE	Target	Stretch Target	Baseline	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24				
	Rolling 12-month Concern of nurse/asst for problem	61.34%	63.56%	58.77%	58.75%	58.89%	59.23%	59.14%	59.42%	59.48%	60.04%	60.17%	60.45%	60.39%	60.47%	60.56%	58.91%	60.60%	2.87%
	Monthly Concern of nurse/asst for problem	61.34%	63.56%	58.77%	59.56%	61.37%	62.83%	57.25%	61.18%	59.77%	63.96%	60.00%	61.77%	58.61%	60.22%	61.74%			
	Rolling 12-month Provider CP explanations of	66.80%	69.84%	64.78%	64.83%	64.98%	65.14%	64.94%	64.96%	64.97%	65.30%	65.61%	65.78%	65.69%	65.56%	65.88%	64.98%	65.90%	1.42%
	Monthly Provider CP explanations of prob/condition	66.80%	69.84%	64.78%	64.08%	67.58%	67.38%	62.36%	65.28%	64.04%	69.01%	68.04%	66.74%	63.72%	64.57%	68.75%			
	Rolling 12-month Courtesy of registration staff †	60.00%	65.00%	60.00%	59.59%	60.90%	61.70%	60.27%	59.66%	59.88%	60.33%	60.58%	60.76%	60.92%	60.98%	61.15%	60.90%	61.27%	0.61%
Monthly Courtesy of registrati on staff †	60.00%	65.00%	60.00%	59.59%	62.31%	63.55%	58.10%	57.70%	60.96%	62.40%	62.01%	62.20%	62.24%	61.60%	62.92%				
HEDIS	Target	Stretch Target	Baseline	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24				
	Rolling 12-month Hypertension Population Management BP <140-90 (Engaged & Affiliated)	55.00%	60.00%	50.53%	55.20%	54.90%	57.50%	57.90%	57.50%	58.10%	58.30%	58.60%	58.30%	57.70%	57.00%	55.00%	52.20%	57.59%	10.33%
	Rolling 12-month Cervical Cancer Screening (Engaged & Affiliated)	47.00%	52.00%	42.83%	45.91%	46.13%	46.00%	46.20%	46.10%	46.30%	46.60%	47.00%	47.30%	47.51%	47.40%	47.00%	42.80%	46.74%	9.21%

Legend	Not meeting Target and no improvement from baseline performance	Not meeting target but improving from Baseline	Met Goal	Met Stretch Target

Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
November 14, 2024

ATTACHMENT #5

Regulatory Updates

November 2024

- ❑ Upcoming surveys:
 - Stroger Emergency Department Approved for Pediatrics (**EDAP**) survey, scheduled November 13, 2024.
 - Stroger and Provident Dialysis survey window November 2024 – December 2024.
 - Stroger Primary Stroke Certification survey window January 2025 – April 2025.
 - Preparation is underway to obtain Health Equity Certification for Cook County Health in 2025.

- ❑ Stroger Hospital Joint Commission follow-up reports are in progress. Departments are providing compliance updates related their survey findings in the Stroger Hospital Quality and Environment Of Care committees.

- ❑ The College of American Pathologist (**CAP**) survey for the Stroger laboratory was completed October 5, 2024. The corrective action plan for deficiencies was submitted on November 1, 2024.

Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
November 14, 2024

ATTACHMENT #6

American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP) Year 10 Update

Mark A. Wille, MD, FACS

10/17/2024



COOK COUNTY
HEALTH

NSQIP Background

- ACS NSQIP is a nationally validated, risk-adjusted, outcomes-based program designed to measure and improve the quality of surgical care
- Built by surgeons for surgeons, ACS NSQIP provides participating hospitals with tools, analyses, and reports to make informed decisions about improving quality of care
- Peer-reviewed studies have demonstrated that ACS NSQIP is effective in improving the quality of surgical care while also reducing complications and costs

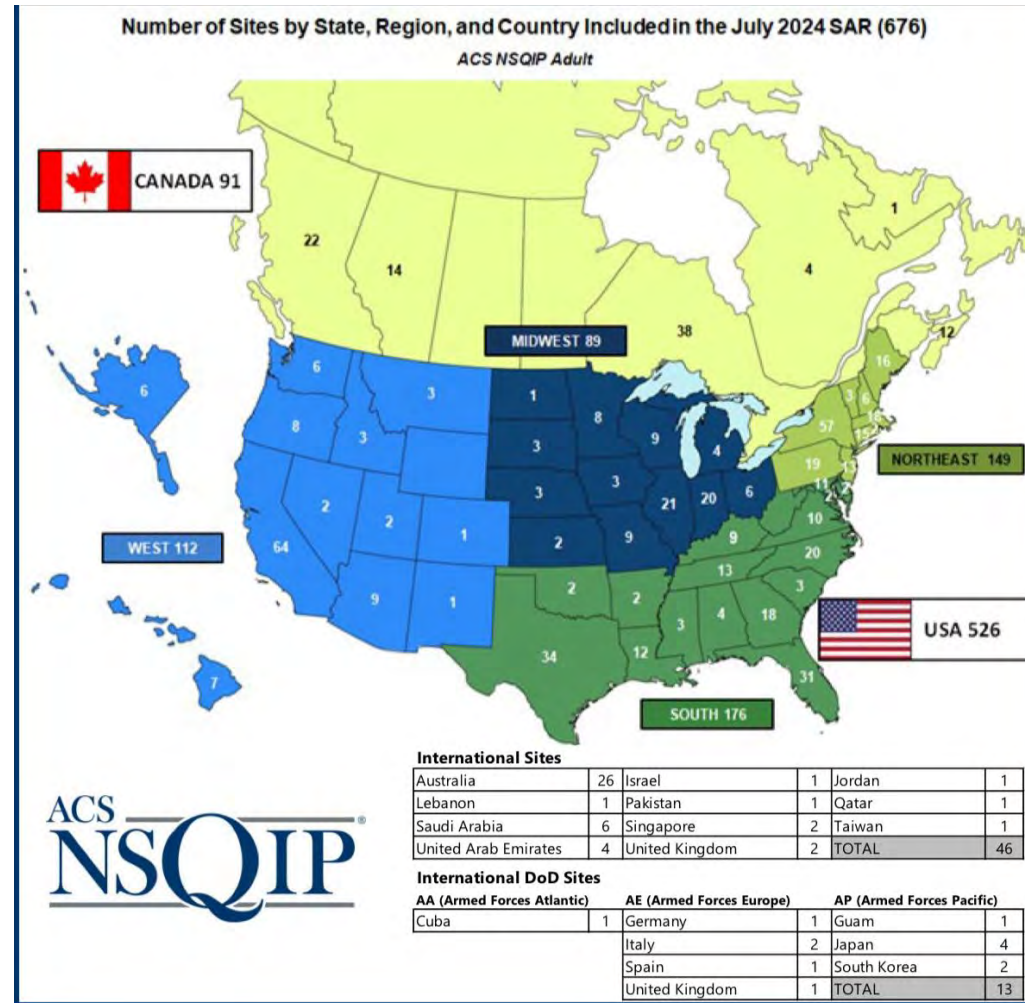
NSQIP Benefits

- Risk-adjusted reports benchmark hospitals and collaboratives to national data
- Real time "On-demand" risk adjustment and heat maps to identify problem areas
- National conferences and collaborative meetings to assist in reviewing and interpreting results
- Best practice tools, including evidence-based guidelines and case studies developed by leading U.S. surgeons
- Participation in Hospital Compare, a CMS program that allows voluntary public reporting of quality information to health care consumers
- Data validation and audits to ensure compliance to data standards

NSQIP History

- Originated in the Veterans Health Administration (1991)
- ACS received funding to implement NSQIP pilot program in private sector hospitals (2001)
- ACS expanded program to additional private sector hospitals (2004)
- ACS launched different NSQIP participation options tailored to hospital needs (2011)
- John H. Stroger, Jr. Hospital of Cook County joined (2014)

Participating Hospitals



Program Overview

- Includes general, vascular, and subspecialty surgery cases
- Includes target cases
- Program uses clinical data (not administrative data)
- Outcomes assessed at 30 days after index surgery (inpatient or outpatient)
- Highly standardized and validated data definitions
- Data collected by a trained abstractor
- Advanced data analytics and hospital audits ensure data quality
- Provides data-driven tools for clinical decision making

NSQIP Case Selection

Systematic Sampling Process

- Cases are selected based on the NSQIP inclusion/exclusion criteria
 - Inclusion based on CPT® codes of major cases
 - General exclusion criteria
 - Pediatrics
 - Trauma and Transplant
 - ASA class 6
- An 8 day cycle yields on average 250 surgical procedures (8 days eliminates bias due to day of week associated with surgeon operative schedule).
 - Once exclusion criteria are applied to about 30% of the cases, there are enough cases remaining to fulfill the 40 cases per cycle.

NSQIP Data Collection

- Preoperative data
- Demographics
- Clinical laboratory variables
- Surgical profile
- Clinical variables and complications
- Postoperative data
- 30-day outcomes (inpatient and outpatient)
- Custom fields allows sites to track their own variables of interest

Semi-annual Report (SAR) Content

Surgical Specialties

General surgery

Vascular

Colon Rectal

Cardiac

Gynecology

Neurosurgery

Orthopedics

Otolaryngology

Plastics

Thoracic

Urologic

Type of Complication

Cardiac

Pneumonia

Respiratory failure

Venous thromboembolism

Renal failure

Urinary tract infection

Surgical site infection

Sepsis

Return to operating room

Readmission

Length of stay

Targeted Cases

Every case of the following is abstracted:

- Colectomy
- Proctectomy
- ventral hernia repair
- bariatric surgery
- thyroidectomy
- spine surgery
- brain tumor
- transurethral resection of prostate
- bladder suspension
- total knee and total hip arthroplasty
- Breast reduction
- breast reconstruction
- Abdominoplasty
- lung resection



Data Available to Hospitals

Workstation Reports

- Permits immediate evaluation on non-risk adjusted data and comparisons to similar types of hospitals
- Hospitals can download case details for selected cases
- Custom reports are available upon request

On-demand Benchmarking

- Risk-adjusted and smoothed rates and comparison to the average ACS NSQIP hospital
- Monitor performance changes over time
- Quality estimates for unique groups of patients

Semiannual Reports (SARs)

- Risk-adjusted and smoothed odds ratios and comparison to the average ACS NSQIP - modeled for a single data year using gold-standard methodology

Participant Use Files (PUFs)

- De-identified Research file contains all cases reported from 2005 to date

Interpretation of Results

“Exemplary” is assigned if the hospital is a low statistical outlier or is in the 1st quartile of adjusted OR percentiles.

“Needs Improvement” is assigned if the hospital is a high statistical outlier or is in the 4th quartile of adjusted OR percentiles.

“As Expected” is assigned if the hospital is neither a statistical outlier nor in the 1st or 4th OR quartile.

Complete explanations of statistical methods and how results should be interpreted are in the SAR and available on the Resource Portal.

Semiannual Reports

Data listed subsequently are for semiannual reports since September 2014

- Semiannual reports contain one year of data, released every six months (rolling basis) Odds Ratio listed
- Red+H indicates high statistical outlier (needs improvement)
- Green+L indicates low statistical outlier (exemplary)
- The Odds Ratio (OR) represents the odds that an outcome will occur given a particular exposure, compared to the odds of the outcome occurring in the absence of that exposure.

Cook County Health and ACS NSQIP

- John H. Stroger, Jr. Hospital (JSH) of Cook County joined ACS NSQIP in September 2014 as part of partnership with Blue Cross Blue Shield of Illinois and the Illinois Surgical Quality Improvement Collaborative (ISQIC).
- Team at this institution consists of:
 - Surgeon Champion: Mark A Wille, MD, FACS
 - Surgical Clinical Reviewer: Blessy Varghese, MSN, RN
 - NEW Surgical Clinical Reviewer: Christine Abadilla, MSN, RN
- Systematic sampling of 40 cases over 8 days
- Receive semiannual report every 6 months from NSQIP
 - Contain 12 months data
 - Benchmarked against other NSQIP hospitals
 - Risk-adjusted



Using NSQIP data to improve care: Surgical Site Infections

Second most common type of healthcare-associated infection (HAI) in U.S. Hospitals (290,000 per year)

Estimated cost: \$3.5-10 billion per year

Patient with SSI is:

- 5 times more likely to be admitted after discharge
- 2 times more likely to spend time in intensive care
- 2 times more likely to die after surgery

Kirkland KB, Briggs JP, Trivette SL, et al. The impact of surgical-site infections in the 1990s: attributable mortality, excess length of hospitalization, and extra costs. *Infection Control and Hospital Epidemiology*. 1999;20:725-30.

Institutional Projects

- Surgical Site Infections
 - Initial reports revealed occurrence near 1.5x rate of average NSQIP hospital
 - Assembled team and came up with treatment bundle.
 - Staged implementation began approximately 12/2016
 - 1/23-12/2023 semiannual report odds ratio of 1.1

Cook County Health and ACS NSQIP

Return on Investment

- ISQIC provides return on investment calculations for certain variables
- April 2019 report analyzed data from 7/2014-6/2015 compared to 1/2017-12/2017
- Time periods are before and after implementation of our institutional projects
- Relative change in rates calculated between two time groups
- Cost per complication calculated (estimated from 4 hospitals in a large metro health system adjusting for patient characteristics, procedure groupings, and site of care)
- Financial savings calculated

Cook County Health and ACS NSQIP

Return on Investment – Surgical Site Infections (Superficial)

- Baseline rate: 2.84%
- 2017 rate: 1.12%
- Relative change in rates: 61%
- Estimated number of events avoided: 96
- Estimated cost per complication: \$2,473
- Estimated financial savings (annually): \$237,210

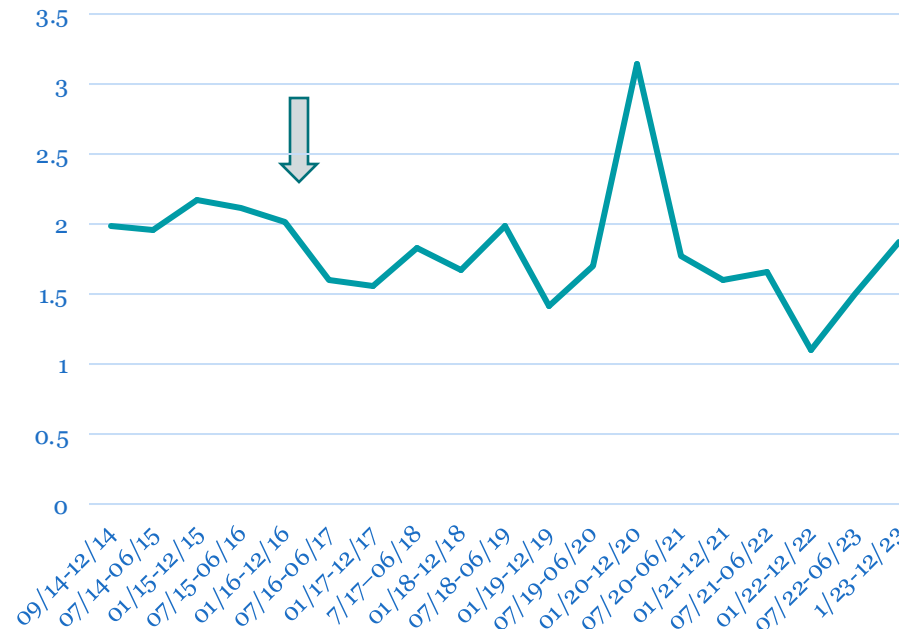
Prolonged NPO/NGT in Colectomy

- Prolonged NPO/NGT use is one of many potential occurrences in patients undergoing colectomy
- Occurrence indicates that bowel function has not returned after operation
- Prolonged NPO/NGT use leads to:
 - Increased length of stay
 - Reoperations
 - Decline in functional status
 - Increased discomfort and pain
 - Increased risk of pulmonary complications
 - Increased healthcare costs

Institutional Projects

- Prolonged nil-per-os/nasogastric tube use (NPO/NGT) in Colectomy
 - Initial reports revealed odds ratio of 2 (2x rate of average NSQIP hospital)
 - Assembled team and came up with treatment bundle.
 - Staged implementation began approximately 8/2016

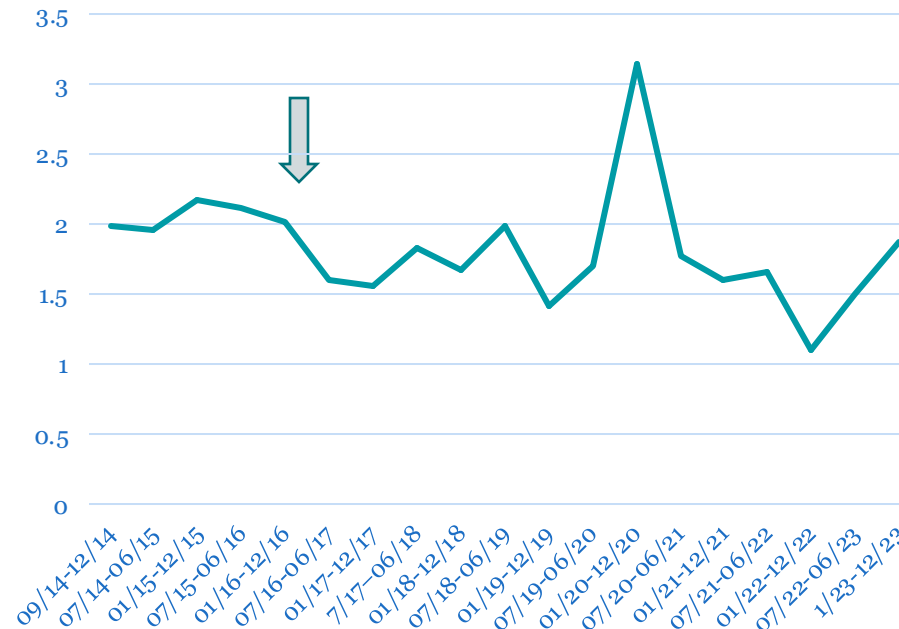
Prolonged NPO/NGT use Colectomy



Institutional Projects

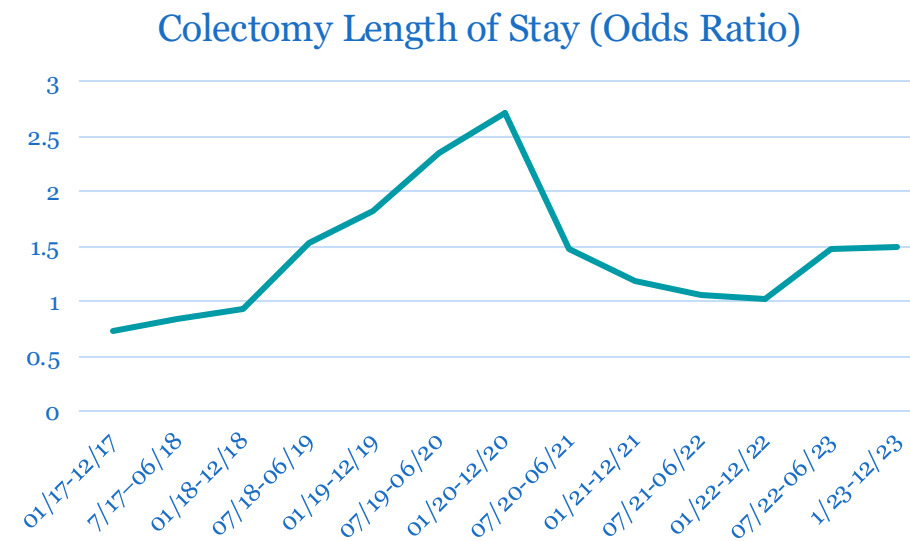
- Prolonged nil-per-os/nasogastric tube use (NPO/NGT) in Colectomy
 - 7/2021-6/2022 semiannual report demonstrated odds ratio of 1.66
 - Continuing to work with stakeholders to identify areas for improvement
 - Goal directed fluid management compliance 64% in 2023
 - Process Improvement is a continuous effort

Prolonged NPO/NGT use Colectomy



Institutional Projects

- Prolonged nil-per-os/nasogastric tube use (NPO/NGT) in Colectomy can lead to increased length of stay
- Increased length of stay can significantly increase costs of hospitalization
- Despite having an increased rate of prolonged NPO/NGT, our length of stay odds ratio for the most recent SAR (1/23-12/23) is 1.5 (not statistically significantly different from average NSQIP hospital)



Cook County Health and ACS NSQIP

Return on Investment – Prolonged NPO/NGT after Colectomy

- Baseline rate: 33.66%
- 2017 rate: 23.42% (2021-2022 rate 22.88%)
- Relative change in rates: 30%
- Estimated number of events avoided: 35
- Estimated cost per complication: \$10,205
- Estimated financial savings (annually): \$353,993

Cook County Health and ACS NSQIP

Cost of NSQIP Participation

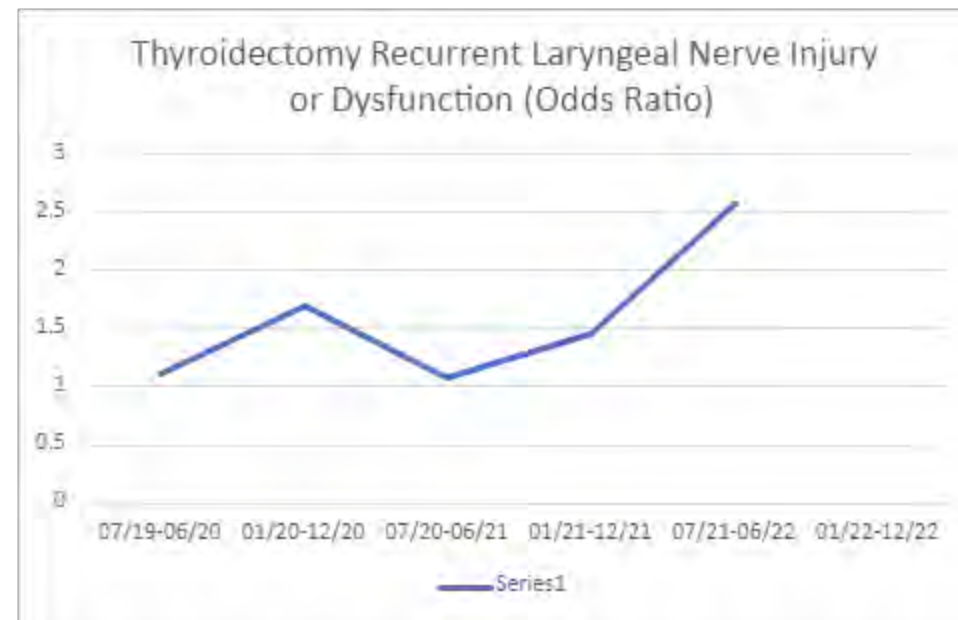
- Surgical Clinical Reviewer: \$115,000
- ACS NSQIP Annual Fee: \$27,000
- Total Cost of NSQIP Participation: \$142,000

Thyroidectomy: Recurrent Laryngeal Nerve Injury/Dysfunction

- RLN injury or dysfunction is a significant complication in thyroid surgery, with symptoms including airway obstruction, hoarseness, and vocal weakness.

- Initial data from the 7/21-6/22 semiannual report indicated an odds ratio of 2.58, marking us as an outlier.

- A review was initiated to assess the accuracy of these findings, including discussions with thyroid surgeons and prospective documentation changes.



Thyroidectomy: Recurrent Laryngeal Nerve Injury/Dysfunction

Review and Feedback from Surgeons

3/2023:

- Dr. Amna Khokar and Blessy reviewed general surgery cases and found discrepancies in the variable definition for RLN injury.
- Of 36 cases, 7 were assigned the RLN injury occurrence, with varying numbers across different surgeons.

Documentation Changes:

- Discussions about improving how symptoms like hoarseness are documented to reduce potential overreporting or misclassification.

Thyroidectomy: Recurrent Laryngeal Nerve Injury/Dysfunction

Review and Feedback from Surgeons

Our group contacted clinical support at NSQIP regarding failure of their model to include important risk factors.

NSQIP releases new guidelines incorporating additional risk factors into their modeling (only new hoarseness counts)

August 2023 Report:

- Real-time abstraction found 3 cases of RLN injury between 3/14/23-5/25/23.

Thyroidectomy: Recurrent Laryngeal Nerve Injury/Dysfunction

Updated Data on Thyroid Surgery Outcomes

October 2023 Review by Dr. Patel:

- ENT: 2 occurrences in 6 cases, warranting further investigation (cancer cases)
- General Surgery: 3 occurrences in 26 cases, reasonable given post-op expectations.
- Endocrine Surgery: 1 occurrence in 20 cases, well within expected bounds.

Case Reviews:

- Detailed findings from the review of specific cases with extensive cancer and gross involvement of nerves support the outcomes.
- No quality of care issue identified, and new NSQIP definition likely to reduce issues in future cases.

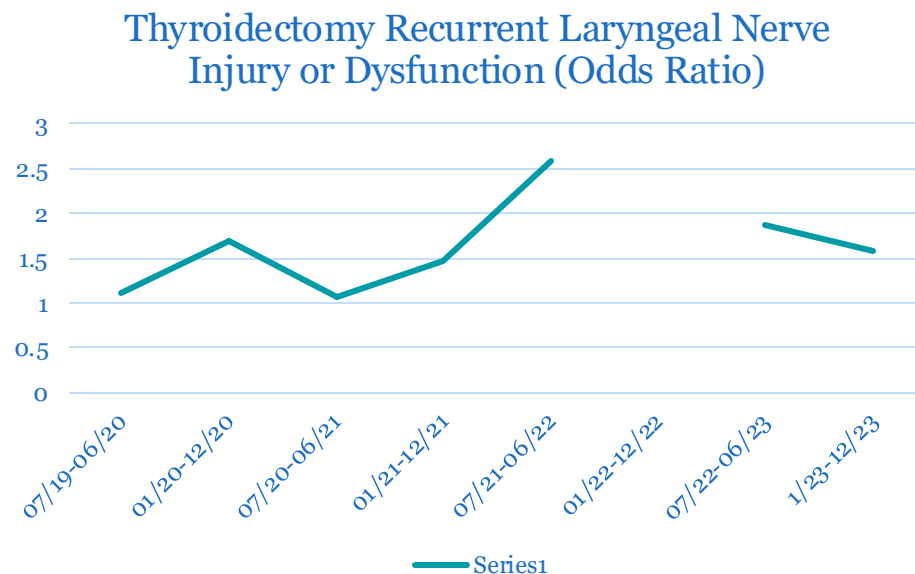
Thyroidectomy: Recurrent Laryngeal Nerve Injury/Dysfunction

Impact of Interventions on Recurrent Laryngeal Nerve Injury Rates

Laryngeal Nerve Injury Rates

- The graph reflects the trend of RLN injury rates from 2021 to the most recent data in 2023.

- Following our identification of the issue in March 2023 and the implementation of the new NSQIP definition in July 2023, there is a noticeable decline in the RLN injury rates.



Cook County Health and ACS NSQIP

- Morbidity (All Cases)
 - Looks at all occurrences for all cases abstracted at our institution
 - Since joining the program, have enjoyed continued improvement relative to other NSQIP hospitals overall
 - First semiannual report 09/14-12/14 odds ratio of 1.45.
 - Current semiannual report 1/23-12/23 odds ratio of 1.12



Cook County Health and ACS NSQIP

- Utilize clinically rigorous data abstraction methods
- Have identified several opportunities for improvement
- Ongoing projects, proven results
- Improving patient care
- Decrease institutional health care costs
- Worthwhile return on investment

Appendix



COOK COUNTY
HEALTH

Individual Site Summary Report

- Provides historical data from hospital
- Odds ratios are provided for each SAR period, going back ten SAR periods, covering five years of data
- Can display and recognize trends easily
- Green/Pink indicate high or low outlier status

All Cases*

	07/18-06/19	01/19-12/19	07/19-06/20	01/20-12/20	07/20-06/21	01/21-12/21	07/21-06/22	01/22-12/22	07/22-06/23	01/23-12/23
ALLCASES Mortality	1.00	0.96	0.92	0.89	0.99	1.38	1.17	0.84	0.83	0.95
ALLCASES Morbidity	1.16	1.21	1.07	0.78	0.73 L	0.90	0.88	0.92	1.12	1.14
ALLCASES Cardiac	1.19	1.27	1.55	1.26	0.77	1.34	1.30	0.94	1.19	1.57
ALLCASES Pneumonia	1.05	0.80	0.70	0.65	0.64	0.96	0.73	0.59	0.55	0.58
ALLCASES Unplanned Intubation	1.76 H	1.44	1.47	1.55 H	1.00	1.41	1.20	0.97	0.97	0.85
ALLCASES Ventilator > 48 Hours	2.10 H	1.44	1.49	1.22	1.07	1.87 H	1.43	1.22	1.58	1.80 H
ALLCASES VTE	1.23	1.14	0.99	0.70	0.67	1.02	1.19	1.00	0.90	1.09
ALLCASES Renal Failure	0.83	0.66	0.85	1.01	0.81	0.80	0.78	0.64	0.71	1.18
ALLCASES UTI	1.26	1.14	0.87	0.58	0.86	1.13	0.86	1.29	1.10	1.09
ALLCASES SSI	1.20	1.58 H	1.23	0.76	0.77	0.90	0.82	1.05	1.19	1.10
ALLCASES Sepsis	0.80	0.59	0.44 L	0.66 L	0.56	0.79	0.50	0.66	0.60	1.06
ALLCASES C.diff Colitis			0.84	1.42	1.11	1.17	2.21 H	1.54	0.93	1.15
ALLCASES Unplanned Reoperation	1.25	1.12	1.11	1.19	1.13	1.19	0.93	0.94	0.96	0.87
ALLCASES Unplanned Readmission	1.21	1.16	0.93	0.86	0.94	0.96	1.05	1.05	0.98	1.06

Measure*

	07/18-06/19	01/19-12/19	07/19-06/20	01/20-12/20	07/20-06/21	01/21-12/21	07/21-06/22	01/22-12/22	07/22-06/23	01/23-12/23
MEASURE ALLCASES Death or Serious Morbidity	1.13	1.03	0.99	1.01	0.95	1.08	0.86	0.88	1.01	1.04
MEASURE ALLCASES Elderly Death or Serious Morbidity	1.21	0.91	0.75	0.91	1.05	1.02	0.88	0.94	1.14	1.28
MEASURE COLON Death or Serious Morbidity	0.87	0.93	1.15	1.25	0.82	0.96	1.06	0.79	0.79	1.12
MEASURE COLON SSI	0.98	1.18	1.07	0.99	0.79	0.93	1.17	1.18	1.24	1.45
MEASURE ALLCASES Deep/CS SSI	0.89	1.17	0.99	0.78	0.73	1.07	1.20	1.05	1.22	1.47 H
MEASURE ALLCASES UTI	1.13	1.22	1.02	0.67	0.84	1.01	0.93			
MEASURE LEB Death or Serious Morbidity	0.95	0.91	0.78	0.78	0.90	0.95	0.89			

Geriatric*

	07/18-06/19	01/19-12/19	07/19-06/20	01/20-12/20	07/20-06/21	01/21-12/21	07/21-06/22	01/22-12/22	07/22-06/23	01/23-12/23
GERIATRIC ALLCASES Mortality								0.96	0.99	1.20
GERIATRIC ALLCASES Morbidity								0.93	1.13	1.11
GERIATRIC ALLCASES Death or Serious Morbidity								1.07	1.20	0.97
GERIATRIC ALLCASES SSI								1.15	1.18	1.08
GERIATRIC ALLCASES Unplanned Reoperation								1.10	1.10	1.03
GERIATRIC ALLCASES Unplanned Readmission								1.15	1.00	0.95
GERIATRIC GEN Mortality								1.05	0.97	1.02
GERIATRIC GEN Morbidity								0.96	0.97	0.93
GERIATRIC GEN Death or Serious Morbidity								1.07	1.12	0.94
GERIATRIC GEN SSI								1.02	1.17	1.09
GERIATRIC GEN Unplanned Reoperation								1.03	1.08	1.07
GERIATRIC GEN Unplanned Readmission								1.13	0.96	0.99
GERIATRIC ORTHO Mortality								0.96	1.00	1.08
GERIATRIC ORTHO Morbidity								0.92	0.98	1.11
GERIATRIC ORTHO Death or Serious Morbidity								0.92	0.98	1.00
GERIATRIC ORTHO SSI								0.98	0.99	0.97
GERIATRIC ORTHO Unplanned Reoperation								0.98	0.98	0.99
GERIATRIC ORTHO Unplanned Readmission								0.96	0.99	1.01

*For the "over time" report, only outlier status is addressed in color codes.

General/Vascular*

	07/18-06/19	01/19-12/19	07/19-06/20	01/20-12/20	07/20-06/21	01/21-12/21	07/21-06/22	01/22-12/22	07/22-06/23	01/23-12/23
GV Mortality	1.01	1.02	0.83	0.76	0.85	0.95				
GV Morbidity	1.12	1.13	0.82	0.68 L	0.69 L	0.83				
GV Cardiac	1.26	1.27	0.98	0.78	0.74	0.97				
GV Pneumonia	1.23	0.78	0.69	0.66	0.92	1.38				
GV Unplanned Intubation	1.44	1.46	1.00	1.05	1.07	1.23				
GV Ventilator > 48 Hours	1.86	1.39	0.88	0.86	0.85	1.20				
GV VTE	1.00	1.10	1.04	0.79	0.73	0.96				
GV Renal Failure	0.97	0.90	0.91	0.98	0.95	1.11				
GV UTI	0.75	0.65	0.63	0.70	0.82	0.71				
GV SSI	1.15	1.51 H	1.11	0.72	0.63 L	0.85				
GV Sepsis	0.97	0.82	0.54	0.68	0.66	0.79				
GV C.diff Colitis	0.86	0.79	1.28	1.59	1.24	1.28				
GV Unplanned Reoperation	1.21	1.00	1.08	1.16	0.85	0.96				
GV Unplanned Readmission	1.08	1.09	1.01	0.93	0.96	0.89				

General*

	07/18-06/19	01/19-12/19	07/19-06/20	01/20-12/20	07/20-06/21	01/21-12/21	07/21-06/22	01/22-12/22	07/22-06/23	01/23-12/23
GEN Mortality	1.05	1.08	0.88	0.82	0.81	0.92	1.04	0.98	0.89	0.82
GEN Morbidity	1.19	1.20	0.94	0.81	0.72	0.83	0.75	0.76	1.00	1.04
GEN Cardiac	1.03	1.06	1.17	0.95	0.71	0.94	1.02	0.79	1.04	1.60
GEN Pneumonia	1.10	0.70	0.75	0.75	0.91	1.34	0.99	0.72	0.71	0.68
GEN Unplanned Intubation	1.41	1.32	0.99	1.16	1.08	1.22	1.12	1.00	0.98	0.91
GEN Ventilator > 48 Hours	1.79	1.34	0.96	1.00	0.85	1.19	1.11	0.97	0.99	1.22
GEN VTE	1.03	1.12	1.10	0.82	0.72	0.99	1.03	1.16	1.22	1.17
GEN Renal Failure	1.01	0.92	0.97	1.07	0.91	1.06	0.91	0.59	0.62	0.90
GEN UTI	0.77	0.67	0.65	0.74	0.86	0.75	0.78	1.22	1.21	0.95
GEN SSI	1.27	1.68 H	1.25	0.81	0.65	0.84	0.83	0.82	1.15	1.22
GEN Sepsis	1.02	0.86	0.58	0.72	0.69	0.85	0.80	0.57	0.66	0.90
GEN C.diff Colitis	0.87	0.80	1.11	1.50	1.32	1.12	1.81	1.51	0.90	1.21
GEN Unplanned Reoperation	1.30	1.11	1.18	1.25	0.97	1.09	1.02	0.86	0.93	0.92
GEN Unplanned Readmission	1.17	1.16	1.04	0.98	1.04	0.92	0.98	1.09	1.09	1.16
Emergency T GEN Mortality	1.07	1.21	1.06	0.91	0.90	1.12	1.04	1.09	1.17	0.91
Emergency T GEN Morbidity	1.11	1.12	0.96	0.88	0.87	1.12	0.94	0.89	0.92	1.10

Colorectal*

	07/18-06/19	01/19-12/19	07/19-06/20	01/20-12/20	07/20-06/21	01/21-12/21	07/21-06/22	01/22-12/22	07/22-06/23	01/23-12/23
COLORECT Mortality	1.11	1.26	1.06	0.88	0.79	0.66	0.91	0.96	1.00	0.95
COLORECT Morbidity	1.00	0.94	0.89	0.96	0.78	1.01	1.04	0.97	1.05	1.15
COLORECT Cardiac	1.12	1.06	1.08	1.00	0.83	0.99	1.13	0.97	1.18	2.08
COLORECT Pneumonia	1.07	0.77	0.96	0.94	0.85	1.10	0.99	0.99	0.82	0.83
COLORECT Unplanned Intubation	1.17	1.11	1.03	1.09	0.94	0.94	0.95	0.98	0.99	1.10
COLORECT Ventilator > 48 Hours	1.21	1.12	1.03	1.02	0.88	1.38	1.17	0.91	0.96	1.31
COLORECT VTE	1.05	1.05	0.99	0.87	0.80	1.02	1.05	1.31	1.47	1.09
COLORECT Renal Failure	1.06	1.00	0.85	0.98	0.94	1.31	1.20	0.79	0.82	0.98
COLORECT UTI	0.90	0.84	0.81	0.81	0.80	0.82	0.88	1.45	1.21	0.78
COLORECT SSI	0.96	1.14	1.06	0.97	0.77	0.95	1.09	1.09	1.19	1.27
COLORECT Sepsis	1.14	0.97	0.71	0.98	0.92	0.77	0.73	0.63	0.85	1.51
COLORECT C.diff Colitis	0.91	0.87	1.07	1.07	1.07	1.34	1.51	1.22	1.05	1.13
COLORECT Unplanned Reoperation	1.07	0.94	1.18	1.22	0.96	1.32	1.32	0.89	0.89	1.07
COLORECT Length of Stay	1.48	1.73 H	2.23 H	2.46 H	1.38	1.14	1.06	1.09	1.54	1.55
COLORECT Unplanned Readmission	1.11	1.12	1.01	0.97	0.95	0.87	1.13	1.13	0.87	0.86

* For the "over time" report, only outlier status is addressed in color codes:



Targeted - General*

	07/19-06/19	01/19-12/19	07/19-06/20	01/20-12/20	07/20-06/21	01/21-12/21	07/21-06/22	01/22-12/22	07/22-06/23	01/23-12/23
T GEN Colectomy Mortality	1.10	1.23	1.07	0.86	0.80	0.98	0.93	0.96	0.99	0.97
T GEN Colectomy Morbidity	1.00	0.97	0.93	0.96	0.80	1.04	1.13	1.05	1.08	1.24
T GEN Colectomy Cardiac	1.08	1.07	1.09	1.01	0.83	0.96	1.09	0.97	1.10	1.95
T GEN Colectomy Pneumonia	1.03	0.79	0.97	0.96	0.87	1.16	1.02	0.84	0.67	0.87
T GEN Colectomy Unplanned Intubation	1.13	1.07	1.01	1.07	0.95	0.95	0.96	0.99	1.00	1.13
T GEN Colectomy Ventilator > 48 Hours	1.19	1.09	1.06	1.02	0.88	1.54	1.19	0.93	1.04	1.35
T GEN Colectomy VTE	1.04	1.03	0.99	0.88	0.85	1.01	1.06	1.19	1.32	1.09
T GEN Colectomy Renal Failure	1.08	1.01	0.92	0.99	0.96	1.24	1.21	0.87	0.89	1.03
T GEN Colectomy UTI	0.92	0.83	0.84	0.91	0.85	0.85	0.96	1.29	1.06	0.88
T GEN Colectomy SSI	1.00	1.13	1.04	0.85	0.81	0.94	1.14	1.12	1.19	1.33
T GEN Colectomy Sepsis	1.11	1.02	0.75	0.96	0.96	0.81	0.80	0.79	0.96	1.75
T GEN Colectomy C.diff Collis	0.91	0.87	1.07	1.04	1.03	1.28	1.38	1.25	1.01	1.10
T GEN Colectomy Unplanned Reoperation	1.08	0.96	1.17	1.21	0.99	1.25	1.25	0.97	0.95	1.08
GEN Colectomy Length of Stay	1.54	1.83 H	2.36 H	2.72 H	1.48	1.19	1.06	1.03	1.48	1.50
T GEN Colectomy Unplanned Readmission	1.12	1.19	1.02	0.97	0.98	0.88	1.13	1.14	0.69	0.88
T GEN Colectomy Anastomotic Leak	1.08	1.28	0.97	0.93	0.96	0.93	0.98	0.85	0.86	0.90
T GEN Colectomy Prolonged NPO/NGT Use	1.99 H	1.42	1.71 H	3.15 H	1.77 H	1.61 H	1.66 H	1.11	1.50	1.88 H
Emergency T GEN Colectomy Morbidity	1.12	1.20	0.95	0.86	0.79	1.01	1.05	0.94	0.92	0.89
T GEN Proctectomy Mortality										0.89
T GEN Proctectomy Morbidity							0.90	0.91	0.96	0.88
T GEN Proctectomy Cardiac							0.96	0.96		
T GEN Proctectomy Pneumonia										0.58
T GEN Proctectomy Unplanned Intubation							0.99			
T GEN Proctectomy Ventilator > 48 Hours								0.99	0.98	
T GEN Proctectomy VTE								1.04	1.18	1.00
T GEN Proctectomy Renal Failure							0.92	0.90	0.91	0.99
T GEN Proctectomy UTI							0.98	1.00	1.17	0.96
T GEN Proctectomy SSI							0.93	0.96	1.03	0.93
T GEN Proctectomy Sepsis							0.93	0.86	0.95	0.92
T GEN Proctectomy Unplanned Reoperation							0.92	0.90	0.97	0.97
GEN Proctectomy Length of Stay		0.95	0.96	0.95	0.93	0.98	1.07	1.25	1.22	1.37
T GEN Proctectomy Anastomotic Leak							0.95	0.95	0.98	0.97
T GEN Proctectomy Prolonged NPO/NGT Use							1.08	1.26	1.33	1.22
GEN Major Hepatectomy Length of Stay						1.12				
GEN Partial Hepatectomy Length of Stay	0.91	0.82	0.91	0.82				0.90	0.94	
GEN Distal Pancreatectomy Length of Stay	1.77	1.07		1.86	1.54			0.84	0.83	0.88
GEN Whipple Pancreatectomy Length of Stay	0.82	1.38	2.35	1.88	1.57	1.57	1.38	1.18	0.70	1.06
T GEN VHR Mortality	0.99	0.97	0.98		0.99	0.98	0.98	0.99	0.98	
T GEN VHR Morbidity	1.02	1.00	0.98	1.08	1.16	1.34	1.24	1.04	0.98	0.88
T GEN VHR Cardiac	0.98	0.99	0.97	0.95	0.99		0.98		1.07	1.88
T GEN VHR Pneumonia	0.97	0.94	0.95	0.96	0.94	1.30	1.18	0.93	0.97	0.66
T GEN VHR Unplanned Intubation		0.99			0.96	1.76	1.03		0.98	0.92
T GEN VHR Ventilator > 48 Hours	0.99	0.98	0.97	0.96	0.88	1.37		0.97	0.96	0.92
T GEN VHR VTE	0.98	0.99	0.96	0.98	0.99	0.99	0.99		0.98	1.03
T GEN VHR Renal Failure	0.99		1.57	2.29	0.97			0.96	0.91	0.88
T GEN VHR UTI	0.97	0.97	0.96	0.97		1.07	1.24	1.37	0.95	0.87
T GEN VHR SSI	1.08	1.08	0.87	1.02	1.12	1.27	1.12	0.99	0.94	0.88
T GEN VHR Sepsis	0.97	0.96	0.96	0.93	0.95	1.61	1.37	0.97	0.95	0.81
T GEN VHR C.diff Collis	0.98	0.99	0.97	0.97				0.99		
T GEN VHR Unplanned Reoperation	0.96	0.96	0.93	0.94	0.96	1.05	1.04	0.91	0.89	0.88
T GEN VHR Unplanned Readmission	0.98	0.96	0.92	1.00	0.97	0.96	0.98	0.98		0.91
T GEN Bariatric Mortality									0.95	
T GEN Bariatric Morbidity	1.25	1.21	0.91	1.06	0.99	0.79	0.56	0.96	1.24	1.17

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Targeted - General*

	07/18-06/19	01/19-12/19	07/19-06/20	01/20-12/20	07/20-06/21	01/21-12/21	07/21-06/22	01/22-12/22	07/22-06/23	01/23-12/23
T GEN Bariatric Cardiac							0.94			
T GEN Bariatric Pneumonia							0.94	0.89	0.91	
T GEN Bariatric Unplanned Intubation								0.97		
T GEN Bariatric VTE							1.21			
T GEN Bariatric Renal Failure									0.89	
T GEN Bariatric UTI	0.88	0.98	0.96		0.77			1.02		
T GEN Bariatric SSI	1.55	1.43	0.92	0.92	0.87		0.64	0.96	1.30	1.31
T GEN Bariatric Sepsis	0.99	0.98		0.92	0.79		0.89	0.77	0.92	0.95
T GEN Bariatric C.diff Colitis							0.98			
T GEN Bariatric Unplanned Reoperation	0.99	1.08		1.09	1.32	1.01	0.68	0.64	1.27	1.49
T GEN Bariatric Unplanned Readmission	1.12	1.31	1.04	1.16	1.34	1.14	1.11	1.03	1.36	1.43
GEN Esophagectomy Length of Stay		0.90	0.89	0.93				0.82	0.72	0.82
T GEN Thyroidectomy Morbidity			0.99	0.85	0.86	0.86	0.83		0.92	0.75
T GEN Thyroidectomy Cardiac					0.96					
T GEN Thyroidectomy Pneumonia			0.99			0.86	0.82			
T GEN Thyroidectomy Unplanned Intubation			0.95	0.85		0.94	0.91			
T GEN Thyroidectomy Ventilator > 48 Hours					0.94					
T GEN Thyroidectomy VTE							0.98		0.98	1.12
T GEN Thyroidectomy UTI				0.96						0.97
T GEN Thyroidectomy SSI			0.94	0.95	1.10	1.00	0.83		0.96	0.84
T GEN Thyroidectomy Sepsis										0.96
T GEN Thyroidectomy Unplanned Reoperation			1.25	1.94		0.84	0.89		0.94	0.81
T GEN Thyroidectomy Unplanned Readmission			1.04		1.08	1.21	1.04		0.96	
T GEN Thyroidectomy Hypocalcemia			1.07	1.37	1.32	0.70	0.78		0.63	0.51
T GEN Thyroidectomy Severe Hypocalcemia			1.29	1.71	1.30	0.75	0.68		0.74	
T GEN Thyroidectomy RNL Injury or Dysfunction			1.11	1.69	1.07	1.46	2.58 H		1.87	1.58
T GEN Thyroidectomy Neck Hematoma Bleeding			1.04	1.32	1.00	0.70	0.88		0.93	0.81

Otolaryngology*

	07/18-06/19	01/19-12/19	07/19-06/20	01/20-12/20	07/20-06/21	01/21-12/21	07/21-06/22	01/22-12/22	07/22-06/23	01/23-12/23
OTO Mortality		0.97								0.93
OTO Morbidity	0.93	1.09	0.93	0.92	1.01	0.91	0.98	0.85	0.90	1.06
OTO Cardiac		0.96	0.98	0.97	0.99	0.99	0.99	0.98	0.98	0.94
OTO Pneumonia	0.90	0.99		0.96	0.95	0.95	0.95	0.95	0.79	0.84
OTO Unplanned Intubation		0.96		0.95	0.96	0.97	0.99	0.98	0.97	
OTO Ventilator > 48 Hours	0.97	0.90	0.96	0.94		0.97	0.96	0.97	1.56	1.44
OTO VTE		0.98	0.98		0.95		0.99	0.96	0.88	
OTO Renal Failure										0.97
OTO UTI		0.96	0.94	0.94	0.92		0.96	0.98	1.10	1.48
OTO SSI	1.19	1.24	1.11	1.02	1.22	1.01	1.10	0.98	0.94	0.92
OTO Sepsis	0.93		0.92	0.88	0.96	0.97	0.94	0.93	0.88	0.94
OTO C.diff Colitis					0.99	0.99	1.00		0.97	0.96
OTO Unplanned Reoperation	1.01	1.24	2.04	1.62	1.05	1.00	0.86	1.13	1.78	1.74
OTO Unplanned Readmission	1.02	1.22	1.57	1.17	1.20	1.33	1.18	1.13	1.11	1.14

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Vascular*

	07/18-06/19	01/19-12/19	07/19-06/20	01/20-12/20	07/20-06/21	01/21-12/21	07/21-06/22	01/22-12/22	07/22-06/23	01/23-12/23
VASC Mortality	0.97	0.94	0.92	0.84	1.00	1.01	0.92	0.90	0.96	0.92
VASC Morbidity	0.92	0.90	0.67	0.64	0.83	0.94	0.77	0.86	1.07	0.95
VASC Cardiac	1.16	1.18	0.84	0.79	0.97	1.02	0.95	0.94	1.20	1.15
VASC Pneumonia	1.16	1.12	0.85	0.79	1.10	1.10	0.81	0.88	0.87	0.81
VASC Unplanned Intubation	1.07	1.21	1.04	0.90	0.99	1.03	0.95	1.01	1.02	0.99
VASC Ventilator > 48 Hours	1.14	1.11	0.80	0.75	1.00	1.09	0.81	0.83	0.93	0.97
VASC VTE	0.93	0.91	0.81	0.85				0.94	0.89	0.83
VASC Renal Failure	0.99	0.96	0.93	0.92	1.02	1.09	0.82	0.93	0.96	0.94
VASC UTI	0.98	0.85	0.81	0.87	0.93	0.90	0.88	1.20	1.12	0.87
VASC SSI	0.82	0.73	0.66	0.65	0.83	0.97	0.96	1.20	1.02	0.79
VASC Sepsis	0.90	0.92	0.83	0.84	0.88	0.87	0.85	0.82	0.94	0.80
VASC C.diff Colitis	0.90	0.94	0.91	1.25	0.90	1.16	1.87	1.37	0.92	
VASC Unplanned Reoperation	0.93	0.77	0.79	0.91	0.73	0.81	0.83	0.93	0.85	0.93
VASC Unplanned Readmission	0.92	0.95	0.97	0.88	0.86	0.96	1.00	0.94	0.92	0.99

Targeted - Vascular*

	07/18-06/19	01/19-12/19	07/19-06/20	01/20-12/20	07/20-06/21	01/21-12/21	07/21-06/22	01/22-12/22	07/22-06/23	01/23-12/23
VASC AAAE Length of Stay						0.80	0.80	0.86		0.87
VASC AIO Length of Stay	0.86	0.85	1.32	1.30	0.98	1.22	1.51	1.21	0.71	1.26
VASC LEO Length of Stay	0.83	0.89	0.76	0.90	0.63	1.08	1.38	1.03	1.23	1.73

Cardiac*

	07/18-06/19	01/19-12/19	07/19-06/20	01/20-12/20	07/20-06/21	01/21-12/21	07/21-06/22	01/22-12/22	07/22-06/23	01/23-12/23
CARD Mortality	0.96	1.03				1.44	1.00	0.94	0.75	0.94
CARD Morbidity	0.92	1.24	1.89 H	1.44	0.85	1.40	0.89	0.89	1.24	1.54
CARD Cardiac	0.87	0.89	1.35	1.14			1.11	0.98	0.86	0.99
CARD Pneumonia	1.15	0.60	0.60	0.62	0.55	0.64	0.51	0.51	0.83	0.69
CARD Unplanned Intubation	1.05	1.12	1.16		1.00	1.05	1.11	1.03		
CARD Ventilator > 48 Hours	0.91	1.48	2.01	1.16	1.31	4.00 H	2.10	3.00 H	4.74 H	2.09
CARD VTE	1.04			0.74	0.89	1.02	1.19		0.81	1.01
CARD Renal Failure	0.83	0.81	0.99	1.01	0.85	0.81	0.84	1.00	1.03	1.37
CARD UTI	0.93	0.95	0.96			0.95			0.91	1.16
CARD SSI	1.10	3.83 H	2.87 H	1.26	0.99	1.02	0.95	0.88	0.76	1.39
CARD Sepsis	0.88	0.81	0.76	0.91	0.86	0.91	1.10	1.09	1.01	1.06
CARD C.diff Colitis	0.97	0.80				0.98	0.98	0.97		0.94
CARD Unplanned Reoperation	1.15	1.08	1.06	0.84	1.00	1.18	1.13	1.06	0.66	0.70
CARD Unplanned Readmission		1.14		0.98				0.94	0.98	1.11

Thoracic*

	07/18-06/19	01/19-12/19	07/19-06/20	01/20-12/20	07/20-06/21	01/21-12/21	07/21-06/22	01/22-12/22	07/22-06/23	01/23-12/23
THOR Mortality		0.95	1.09	1.09	1.19	0.93		1.32	1.12	
THOR Morbidity	0.99	1.11	1.62	1.39	0.82	0.96	1.01	0.85	0.85	0.82
THOR Cardiac	0.96	1.35	2.27	2.00	0.90	0.96	0.99	0.95	0.92	0.88
THOR Pneumonia	0.89	0.80	1.17	1.41	0.87	0.82	0.88	0.80	0.76	0.75
THOR Unplanned Intubation	1.31	1.06	1.38	1.44	0.96	0.97	0.96	0.91	1.06	1.02
THOR Ventilator > 48 Hours	1.20	1.16	1.66	1.37	0.95	1.20	1.13	0.95	1.07	
THOR VTE	1.19	1.12	0.86	0.94	0.98	1.12	1.06	0.98		
THOR Renal Failure		0.92	1.65	1.20		0.98	0.91	0.88	0.83	0.87
THOR UTI	0.94	0.88	0.90	0.99	0.96	0.98	0.93	0.96	0.96	
THOR SSI	1.11	1.10	1.07	0.88	0.88	0.94	0.95	1.08	1.01	0.87
THOR Sepsis	1.16	0.82	0.82	0.95	0.98	0.97	0.97	0.87	0.82	0.80
THOR C.diff Colitis			0.90				0.99			

*For the "over time" report, only outlier status is addressed in color codes.



Thoracic*

	07/18-06/19	01/19-12/19	07/19-06/20	01/20-12/20	07/20-06/21	01/21-12/21	07/21-06/22	01/22-12/22	07/22-06/23	01/23-12/23
THOR Unplanned Reoperation	1.12	1.11	1.06	1.22	1.02	0.98	1.14	1.40	1.08	0.79
THOR Unplanned Readmission	1.02	1.05	0.88	0.84	1.05	1.16	1.06	1.02	0.98	0.99

Targeted - Thoracic Lung Resection*

	07/18-06/19	01/19-12/19	07/19-06/20	01/20-12/20	07/20-06/21	01/21-12/21	07/21-06/22	01/22-12/22	07/22-06/23	01/23-12/23
T THOR Lung Resection Mortality		0.91	0.85	0.94	0.91	0.97	0.99	0.99		
T THOR Lung Resection Morbidity	0.97	1.10	1.27	1.08	0.89	0.89	0.90	0.87	0.84	0.85
T THOR Lung Resection Cardiac	0.86	1.32	2.24	2.58	0.94	0.98	1.00	0.98	0.98	0.98
T THOR Lung Resection Pneumonia		0.77	1.03	1.05	0.91	0.89	0.94	0.90	0.89	0.87
T THOR Lung Resection Unplanned Intubation	1.15	1.11	1.65	1.73	0.95	0.99		0.94		
T THOR Lung Resection Ventilator > 48 Hours	0.86	0.84	2.27	1.83	0.95	0.98		0.98		
T THOR Lung Resection VTE		1.42	0.91		0.97	0.98				
T THOR Lung Resection Renal Failure		0.85	1.22	1.10			0.98	0.97	0.97	0.96
T THOR Lung Resection UTI	0.97	0.92	0.91	0.98	0.99	0.97	0.99	0.98	0.99	1.00
T THOR Lung Resection SSI	0.92	1.22	1.15	0.96	0.95	0.94	0.96	0.95	0.90	0.90
T THOR Lung Resection Sepsis	0.99	0.80	0.80	0.88	0.98	0.98		0.98	0.94	0.95
T THOR Lung Resection C.diff Colitis							1.00			0.99
T THOR Lung Resection Unplanned Reoperation	1.27	1.20	1.20	1.43	0.94	0.94	1.15	1.37	1.16	0.87
THOR Lung Resection Length of Stay	0.77	0.72	0.74	0.74	0.60	0.47	1.12	1.10	0.35	0.48
T THOR Lung Resection Unplanned Readmission	1.05	1.03	0.85	0.93	0.97	0.94	0.95	0.96	1.01	1.03

Neurosurgery*

	07/18-06/19	01/19-12/19	07/19-06/20	01/20-12/20	07/20-06/21	01/21-12/21	07/21-06/22	01/22-12/22	07/22-06/23	01/23-12/23
NSG Mortality	0.98	0.97	1.00	0.94	0.88	1.37	1.26	0.95	1.01	1.17
NSG Morbidity	1.05	0.98	0.90	0.98	1.02	1.28	1.48	1.17	0.91	1.01
NSG Cardiac	0.99	0.98	1.09	1.14	0.94	1.31	1.36	1.05	1.04	1.16
NSG Pneumonia	0.95	0.93	0.93	0.83	0.75	0.94	1.04	1.11	0.99	1.00
NSG Unplanned Intubation	0.97	0.96	1.09	1.32	1.27	1.16		0.96	0.94	0.88
NSG Ventilator > 48 Hours	0.94	0.90	1.06	1.16	1.49	1.32	1.14	1.03	1.03	1.21
NSG VTE	0.97	0.88	0.92	0.88	0.90	1.05	1.16	0.99	0.99	1.10
NSG Renal Failure	0.98	0.99		0.95	0.96	0.96	0.92	0.88	0.89	0.93
NSG UTI	1.14	1.10	0.93	0.89	0.90	1.31	1.39	1.05	1.03	1.23
NSG SSI	1.13	1.07	0.90	0.90	1.05	1.09	1.19	1.10	0.73	0.72
NSG Sepsis	0.94	0.93	0.89	0.79	0.84	0.91	1.13	1.04	0.79	1.47
NSG C.diff Colitis	0.99		0.94	0.98		0.99	0.97	0.98		0.97
NSG Unplanned Reoperation	1.00	0.97	0.96	1.26	1.36	1.05	1.09	1.09	0.98	0.85
NSG Unplanned Readmission	1.05	1.05	0.93	1.04	1.06	1.02	1.05	0.99	0.88	0.91

Targeted - NSG*

	07/18-06/19	01/19-12/19	07/19-06/20	01/20-12/20	07/20-06/21	01/21-12/21	07/21-06/22	01/22-12/22	07/22-06/23	01/23-12/23
T NSG Spine Mortality			0.99	0.94	0.97	1.20	1.09		1.10	
T NSG Spine Morbidity	1.07	1.12	0.99	1.03	0.95	1.22	1.39	1.06	0.86	0.88
T NSG Spine Cardiac	0.99	0.99	1.34	1.28	0.98	1.43	1.55	1.06		0.98
T NSG Spine Pneumonia	0.96	0.97	0.99	0.95	0.93	0.97	0.97	0.98	0.96	0.94
T NSG Spine Unplanned Intubation	0.99	0.99	1.09	1.17	1.20	1.26	1.25	0.98	0.96	0.97
T NSG Spine Ventilator > 48 Hours	0.98	0.98	0.99	1.27	1.48	1.34	1.43	1.08	0.98	
T NSG Spine VTE	0.98	0.98	0.96	0.92	0.93	1.13	1.23	1.03	1.01	1.05
T NSG Spine Renal Failure	0.98	0.98	0.97	0.99	0.97	0.94	0.94	0.93	0.95	0.94
T NSG Spine UTI	1.13	1.12	0.97	0.97	0.96	1.17	1.21	0.92	0.91	1.11
T NSG Spine SSI	1.13	1.14	0.94	0.94	0.89	0.90	1.08	1.01	0.82	0.85
T NSG Spine Sepsis	0.97	0.97	0.95	0.95	0.95	0.96	1.16	1.11	0.89	0.89
T NSG Spine C.diff Colitis	0.99	0.99	0.98		0.97	0.98	0.98	0.99		1.00

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Targeted - NSG*

	07/18-06/19	01/19-12/19	07/19-06/20	01/20-12/20	07/20-06/21	01/21-12/21	07/21-06/22	01/22-12/22	07/22-06/23	01/23-12/23
T NSG Spine Unplanned Reoperation	1.02	1.02	0.93	1.10	1.01	1.02	1.08	1.05	1.02	0.94
T NSG Spine Unplanned Readmission	0.98	1.04	0.98		1.03	1.00	1.03	0.92	0.84	0.95
T NSG Brain Tumor Mortality		0.98	0.99	0.99		0.94	1.21		0.98	0.96
T NSG Brain Tumor Morbidity	0.99	0.96	0.97	0.98	0.95	1.02	1.20	1.11	0.94	0.99
T NSG Brain Tumor Cardiac		1.00	0.99	0.99		0.99	0.99		0.99	2.60
T NSG Brain Tumor Pneumonia	1.00	0.99	1.00	1.00			1.12	1.08		0.96
T NSG Brain Tumor Unplanned Intubation	0.99	0.98	0.99	0.99	0.99	0.98		1.00	0.98	0.96
T NSG Brain Tumor Ventilator > 48 Hours	0.99	0.99	0.97	0.99			0.99	0.99	0.97	0.95
T NSG Brain Tumor VTE			0.99	0.99	0.99	0.97		0.99	0.98	1.14
T NSG Brain Tumor Renal Failure							0.97	0.99	1.00	
T NSG Brain Tumor UTI	1.00	0.98	1.00	0.99	0.98	1.13	1.40	0.99	0.98	1.03
T NSG Brain Tumor SSI	1.00	0.98	0.97	1.00	0.99	0.96	0.96	0.97	0.96	0.92
T NSG Brain Tumor Sepsis	1.00	0.99	0.99	0.98	0.98		0.98	0.98	0.96	1.31
T NSG Brain Tumor C.diff Colitis							0.99			
T NSG Brain Tumor Unplanned Reoperation		0.98	0.99	1.06	1.06	0.96	0.94	0.98	0.96	0.95
NSG Brain Tumor Length of Stay	1.21	1.22	0.98	0.99	1.54	1.70	1.05	1.03	1.27	1.16
T NSG Brain Tumor Unplanned Readmission	1.00	0.98	0.98				1.00	0.99	0.99	0.97

Orthopedic*

	07/18-06/19	01/19-12/19	07/19-06/20	01/20-12/20	07/20-06/21	01/21-12/21	07/21-06/22	01/22-12/22	07/22-06/23	01/23-12/23
ORTHO Mortality	1.05	0.97	0.97	1.11	1.15	1.10	1.03	0.94	0.98	1.22
ORTHO Morbidity	0.95	0.90	0.96	0.93	0.75	0.77	0.88	0.77	0.90	1.20
ORTHO Cardiac	1.25	1.19	0.93	0.91	0.93	0.93	0.88	0.90	0.95	1.15
ORTHO Pneumonia	0.95	0.93	1.12	1.11	0.93	0.94	0.93	0.92	0.94	1.20
ORTHO Unplanned Intubation	1.34	0.96	0.96	1.09	0.97	0.97	0.95	0.98	0.99	1.05
ORTHO Ventilator > 48 Hours	1.27	0.98	0.98	0.94	0.93	0.97	0.98	0.97	0.98	1.14
ORTHO VTE	1.13	0.89	0.89	0.88	0.88	1.05	1.01	0.87	0.89	0.81
ORTHO Renal Failure				0.98	0.97	0.97	0.89	0.85	0.90	1.01
ORTHO UTI	1.14	1.09	1.11	1.11	0.92	0.91	0.85	0.87	0.91	0.81
ORTHO SSI	0.86	0.85	0.88	0.74	0.78	0.79	0.75	0.82	1.12	0.86
ORTHO Sepsis	0.84	0.83	0.94	0.92	0.95	0.95	0.93	0.94	0.89	1.70
ORTHO C.diff Colitis	0.96		0.97	0.97	0.88	0.99	0.88	0.97	0.98	0.98
ORTHO Unplanned Reoperation	1.09	1.20	0.99	0.89	1.10	1.09	0.85	0.82	0.92	1.07
ORTHO Unplanned Readmission	1.01	0.95	0.93	0.93	0.95	0.85	0.80	0.86	0.90	1.09

Targeted - Orthopedic*

	07/18-06/19	01/19-12/19	07/19-06/20	01/20-12/20	07/20-06/21	01/21-12/21	07/21-06/22	01/22-12/22	07/22-06/23	01/23-12/23
T ORTHO TKA Mortality			1.00		1.00	1.00				
T ORTHO TKA Morbidity	0.99	0.99	0.98	0.98	0.99	0.99	1.00	0.98	0.98	0.99
T ORTHO TKA Cardiac			1.00	1.00		1.00			1.00	1.00
T ORTHO TKA Pneumonia			1.00	1.00	1.00	1.00				
T ORTHO TKA Unplanned Intubation		1.00	1.00		1.00	1.00	1.00			1.00
T ORTHO TKA Ventilator > 48 Hours										1.00
T ORTHO TKA VTE	0.99	0.99	0.98	0.99	0.99	0.99	1.00	0.99	0.99	1.00
T ORTHO TKA Renal Failure	1.00	1.00	0.99	1.00	1.00		1.00	1.00	1.00	1.00
T ORTHO TKA UTI	1.00	1.00	0.99	0.99	1.00	1.00	1.00	1.00	0.99	1.00
T ORTHO TKA SSI	0.99	0.99	0.98	0.99	0.99	0.99	1.00	0.99	0.98	0.99
T ORTHO TKA Sepsis		1.00	1.00	1.00		1.00	1.00		1.00	1.00
T ORTHO TKA C.diff Colitis			1.00	1.00						
T ORTHO TKA Unplanned Reoperation	1.00	0.99	0.99		1.00	1.00	1.00	0.99	0.99	1.00
T ORTHO TKA Unplanned Readmission	1.00	0.99	0.99	0.99	1.00	1.00	1.00	0.99	0.99	1.00
T ORTHO TKA Mortality	1.00	1.00	1.00	1.00	1.00	0.98	0.99	0.99	0.99	1.00

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Targeted - Orthopedic*

	07/18-06/19	01/19-12/19	07/19-06/20	01/20-12/20	07/20-06/21	01/21-12/21	07/21-06/22	01/22-12/22	07/22-06/23	01/23-12/23
T ORTHO THA Morbidity	0.98	0.98	0.98	0.99	1.00	0.96	0.93	0.98	0.94	0.92
T ORTHO THA Cardiac	0.89		0.99	1.00	1.00	0.98	0.97	0.86	0.97	0.97
T ORTHO THA Pneumonia	0.99	0.99		1.00	1.00	0.94	0.99	0.99	0.99	0.97
T ORTHO THA Unplanned Intubation	0.99				1.00	0.94				
T ORTHO THA Ventilator > 48 Hours							1.00		0.98	
T ORTHO THA VTE	1.25	0.98	0.99	1.00	1.00	1.25	1.13	0.97	0.98	0.98
T ORTHO THA Renal Failure	1.00			1.00	1.00	0.94	0.97	0.96	0.94	0.99
T ORTHO THA UTI	0.99	0.99	1.00	1.00	1.00	0.96	0.99	0.99	0.98	0.98
T ORTHO THA SSI	0.98	0.96	0.98	1.00	1.00	0.97	0.96	0.98	0.97	0.94
T ORTHO THA Sepsis	0.99		0.99	1.00	1.00	0.95	0.99	0.99	0.99	0.97
T ORTHO THA C.diff Colitis	1.00		1.00			1.00		0.97		0.99
T ORTHO THA Unplanned Reoperation	1.17	1.11	0.97	1.00	1.00	0.97	0.97	0.98	0.99	0.97
T ORTHO THA Unplanned Readmission	0.99	0.98	0.99	1.00	1.00	0.96	0.95	0.98	0.98	0.96
T ORTHO Hip Fracture Mortality	1.15	0.93	0.98							
T ORTHO Hip Fracture Morbidity	1.01	0.95	0.99							
T ORTHO Hip Fracture Cardiac	0.95	0.94	0.99							
T ORTHO Hip Fracture Pneumonia	0.96	0.98	1.00							
T ORTHO Hip Fracture Unplanned Intubation	1.41	0.94	1.00							
T ORTHO Hip Fracture Ventilator > 48 Hours	1.37	0.99	1.00							
T ORTHO Hip Fracture VTE	1.18	0.99								
T ORTHO Hip Fracture Renal Failure	1.00	0.98	0.99							
T ORTHO Hip Fracture UTI	0.94	0.94	0.99							
T ORTHO Hip Fracture SSI	0.97	0.99	1.00							
T ORTHO Hip Fracture Sepsis	0.96	0.96	1.00							
T ORTHO Hip Fracture C.diff Colitis	0.98	0.99								
T ORTHO Hip Fracture Unplanned Reoperation	0.99	1.00	1.00							
T ORTHO Hip Fracture Unplanned Readmission	1.18	1.00	0.99							
T ORTHO Hip Fracture Pressure Sore	2.25	2.98	0.98							
T ORTHO Hip Fracture Delirium	0.92	0.90	0.97							

Plastic*

	07/18-06/19	01/19-12/19	07/19-06/20	01/20-12/20	07/20-06/21	01/21-12/21	07/21-06/22	01/22-12/22	07/22-06/23	01/23-12/23
PLAST Mortality							1.00			
PLAST Morbidity	1.13	0.84	0.74	0.95	1.06	0.86	1.06	1.04	0.81	0.79
PLAST Cardiac				0.98		1.00		0.99		
PLAST Pneumonia				0.96	0.99	0.99	0.98	0.99	0.99	0.96
PLAST Unplanned Intubation	1.00			0.99		1.00				
PLAST Ventilator > 48 Hours				0.99	0.99		1.00	1.00	1.00	1.00
PLAST VTE			1.12		0.99	1.00	0.99	1.00		
PLAST Renal Failure			0.98		0.99		1.00	1.00	0.98	0.98
PLAST UTI	0.98	0.97	0.95	0.96	0.98	0.97	0.98	0.99	0.99	0.95
PLAST SSI	1.19	0.85	0.76	1.01	1.13	0.87	1.13	1.11	0.85	0.80
PLAST Sepsis	0.98	0.96	0.92	0.93	0.97	0.96	0.99	0.98	0.97	0.94
PLAST C.diff Colitis							1.00	0.99	1.00	
PLAST Unplanned Reoperation	1.08	1.05	0.99	0.99	1.05	1.06	0.97	0.93	0.91	0.91
PLAST Unplanned Readmission	1.07	1.07	1.02	1.01	0.97	0.95	1.24	1.25	0.90	0.91

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Targeted - Plastic*

	07/18-06/19	01/19-12/19	07/19-06/20	01/20-12/20	07/20-06/21	01/21-12/21	07/21-06/22	01/22-12/22	07/22-06/23	01/23-12/23
T PLAST Flap Mortality								1.00		1.00
T PLAST Flap Morbidity	0.99			0.97				0.95	0.88	0.99
T PLAST Flap Cardiac								1.00		
T PLAST Flap Pneumonia	1.00			0.99				1.00	1.00	
T PLAST Flap Unplanned Intubation	1.00									1.00
T PLAST Flap Ventilator > 48 Hours	1.00							0.99	1.00	1.00
T PLAST Flap VTE	1.00							0.99	0.99	
T PLAST Flap Renal Failure								1.00	1.00	
T PLAST Flap UTI								1.00	1.00	0.98
T PLAST Flap SSI	1.00			0.96				0.96	0.98	0.99
T PLAST Flap Sepsis	1.00			0.99				1.00	0.99	1.00
T PLAST Flap C.diff Colitis								1.00	1.00	
T PLAST Flap Unplanned Reoperation	0.99			0.88				0.99	1.00	0.99
T PLAST Flap Unplanned Readmission	1.00			0.99				0.98	0.99	1.00
T PLAST Breast Reduction Morbidity	0.98	0.88			0.98	0.85	0.95	0.98	0.88	0.93
T PLAST Breast Reduction VTE							1.00	1.00		
T PLAST Breast Reduction UTI							1.00	1.00		
T PLAST Breast Reduction SSI	0.99	0.98			0.88	0.86	0.97	0.97	0.88	0.93
T PLAST Breast Reduction Unplanned Reoperation	1.00	0.97				1.00	1.00	1.00	0.99	0.96
T PLAST Breast Reduction Unplanned Readmission	0.99	0.99			1.00	1.00	1.00	1.00		0.99
T PLAST Breast Reconstruction Morbidity	0.97	0.94	0.83	1.12	1.26	0.96	0.99	1.00	0.96	0.97
T PLAST Breast Reconstruction Cardiac							1.00			1.00
T PLAST Breast Reconstruction Pneumonia							1.00	1.00		
T PLAST Breast Reconstruction VTE							1.00	1.00		1.00
T PLAST Breast Reconstruction Renal Failure							1.00	1.00		
T PLAST Breast Reconstruction UTI										1.00
T PLAST Breast Reconstruction SSI	0.97	0.95	0.83	1.17	1.26	0.96	0.99	1.00	0.86	0.97
T PLAST Breast Reconstruction Sepsis	1.00	0.98	0.94	0.97	0.97	0.99	1.00	1.00	1.00	1.00
T PLAST Breast Reconstruction Unplanned Reoperation	1.10	1.08	0.92	0.91	1.12	1.08	1.00	1.00	0.98	0.98
T PLAST Breast Reconstruction Unplanned Readmission	1.08	1.21	1.16	1.10	0.96	0.99	1.00	1.00	0.99	0.99
T PLAST Abdominoplasty Morbidity		0.99	0.99				0.96		0.98	0.92
T PLAST Abdominoplasty Pneumonia							1.00			
T PLAST Abdominoplasty UTI									1.00	
T PLAST Abdominoplasty SSI		0.98	0.98				0.96	0.92	0.98	0.94
T PLAST Abdominoplasty Sepsis										1.00
T PLAST Abdominoplasty Unplanned Reoperation		0.99	0.99				0.99	0.99	0.99	0.96
T PLAST Abdominoplasty Unplanned Readmission		0.99	0.98				0.98	0.98	0.99	0.95

Gynecology*

	07/18-06/19	01/19-12/19	07/19-06/20	01/20-12/20	07/20-06/21	01/21-12/21	07/21-06/22	01/22-12/22	07/22-06/23	01/23-12/23
GYN Mortality			0.83	0.96	0.97	0.97			0.99	0.89
GYN Morbidity	1.27	1.33	1.28	0.87	1.26	1.71	1.74	1.86 H	1.80 H	1.20
GYN Cardiac		0.75	0.79	0.83	0.93	0.94	1.89	1.78	1.88	0.89
GYN Pneumonia	1.19			0.81	0.89	0.93	0.96	0.90	0.90	0.99
GYN Unplanned Intubation	1.55	2.15	2.04	0.91	0.96	0.98	0.99			0.97
GYN Ventilator > 48 Hours	0.96	0.71	0.80	0.97	0.94	0.97		0.98		
GYN VTE	1.14	1.13		0.94	1.06	0.88	1.13			1.07
GYN Renal Failure				0.92		0.97	1.24	1.15	1.14	1.09
GYN UTI	1.35	1.59	1.52	0.84	1.21	1.72	1.65	1.39	1.01	0.95
GYN SSI	1.19	1.27	1.28	1.20	1.45	1.82	1.49	1.70	2.03 H	1.48
GYN Sepsis	0.78	0.64	0.71	0.89	0.90	1.08	1.15	0.85	0.83	0.85
GYN C.diff Colitis	0.89			0.95	0.92	0.99	0.99			0.97
GYN Unplanned Reoperation	0.96	0.93	0.96	0.97	1.20	1.43	0.97	1.00	0.99	0.85

*For the "over time" report, only outlier status is addressed in color codes.

Gynecology*

	07/18-06/19	01/19-12/19	07/19-06/20	01/20-12/20	07/20-06/21	01/21-12/21	07/21-06/22	01/22-12/22	07/22-06/23	01/23-12/23
GYN Unplanned Readmission	1.02	1.03	0.90	0.89	0.93	1.12	1.08	0.94	0.99	0.95

Targeted - Gynecology*

	07/18-06/19	01/19-12/19	07/19-06/20	01/20-12/20	07/20-06/21	01/21-12/21	07/21-06/22	01/22-12/22	07/22-06/23	01/23-12/23
T GYN Cancer Hyst/Myom Mortality	0.95	0.94								
T GYN Cancer Hyst/Myom Morbidity	0.79	0.81	0.96							
T GYN Cancer Hyst/Myom Cardiac	0.95	0.98	0.99							
T GYN Cancer Hyst/Myom Pneumonia	0.94	0.82	0.84							
T GYN Cancer Hyst/Myom Unplanned Intubation		0.94	0.97							
T GYN Cancer Hyst/Myom Ventilator > 48 Hours	0.87									
T GYN Cancer Hyst/Myom VTE	0.97									
T GYN Cancer Hyst/Myom UTI	0.83	1.01	1.11							
T GYN Cancer Hyst/Myom SSI	0.88	1.00	1.07							
T GYN Cancer Hyst/Myom Sepsis	0.90	0.86	0.95							
T GYN Cancer Hyst/Myom C.diff Colitis	0.96		0.95							
T GYN Cancer Hyst/Myom Unplanned Reoperation	1.03	0.98	0.93							
T GYN Cancer Hyst/Myom Unplanned Readmission	0.97	0.99	1.01							
T GYN Cancer Hyst/Myom Intestinal Obstruction	1.63	1.31	1.79							
T GYN Cancer Hyst/Myom Ureteral Obstruction	0.88									
T GYN Cancer Hyst/Myom Anastomotic Leak	0.88	0.85								
T GYN NonCancer Hyst/Myom Morbidity	1.68	1.79 H	1.70 H							
T GYN NonCancer Hyst/Myom Cardiac			0.99							
T GYN NonCancer Hyst/Myom Pneumonia	1.13	1.73	1.73							
T GYN NonCancer Hyst/Myom Unplanned Intubation	1.56									
T GYN NonCancer Hyst/Myom Ventilator > 48 Hours			0.95							
T GYN NonCancer Hyst/Myom VTE		1.11	1.22							
T GYN NonCancer Hyst/Myom Renal Failure	0.97	0.95								
T GYN NonCancer Hyst/Myom UTI	1.47	1.72	1.50							
T GYN NonCancer Hyst/Myom SSI	1.27	1.48	1.23							
T GYN NonCancer Hyst/Myom Sepsis	0.83	0.85	0.84							
T GYN NonCancer Hyst/Myom C.diff Colitis	0.97	0.89	0.93							
T GYN NonCancer Hyst/Myom Unplanned Readmission	1.12	1.16	1.00							
T GYN NonCancer Hyst/Myom Intestinal Obstruction	1.46	1.14	1.19							
T GYN NonCancer Hyst/Myom Ureteral Obstruction	0.95	0.88	0.94							
T GYN NonCancer Hyst/Myom Anastomotic Leak	0.89									

Urology*

	07/18-06/19	01/19-12/19	07/19-06/20	01/20-12/20	07/20-06/21	01/21-12/21	07/21-06/22	01/22-12/22	07/22-06/23	01/23-12/23
URO Mortality	0.97	0.94	0.93	0.97	0.90	1.19	1.14			1.00
URO Morbidity	1.14	0.94	0.74	0.72	0.89	1.05	0.98	1.08	0.90	1.17
URO Cardiac	0.95	0.91	0.90	0.91	0.93	0.96	0.93	0.93	1.29	1.11
URO Pneumonia	0.94	0.87	0.84	0.87	0.92	0.94	0.92	0.89	0.88	0.88
URO Unplanned Intubation	0.99	0.97	1.09	1.16	0.97	1.11	1.06	0.99	0.98	0.98
URO Ventilator > 48 Hours		0.94	0.92	0.94	0.98	0.98	0.97	0.96	0.99	0.97
URO VTE	1.10	1.10	0.95	0.95	0.94	0.98	0.99	0.97	0.97	0.95
URO Renal Failure	0.98	0.80	0.84	0.92	0.97	0.95	0.90	0.90	1.08	1.44
URO UTI	1.61	0.92	0.64	0.68	1.04	1.19	0.80	1.06	1.01	1.23
URO SSI	1.00	1.22	1.05	0.90	0.97	0.81	1.04	1.33	0.91	0.81
URO Sepsis	0.94	0.83	0.85	0.87	0.93	1.06	1.25	1.16	1.04	1.03
URO C.diff Colitis	0.98		0.93	0.97		0.99	0.98	0.99	1.28	
URO Unplanned Reoperation	1.28	1.14	0.91	0.91	1.22	1.07	0.99	0.96	1.10	0.94
URO Unplanned Readmission	1.11	1.08	0.95	0.95	0.98	1.10	1.18	1.27	1.19	1.01

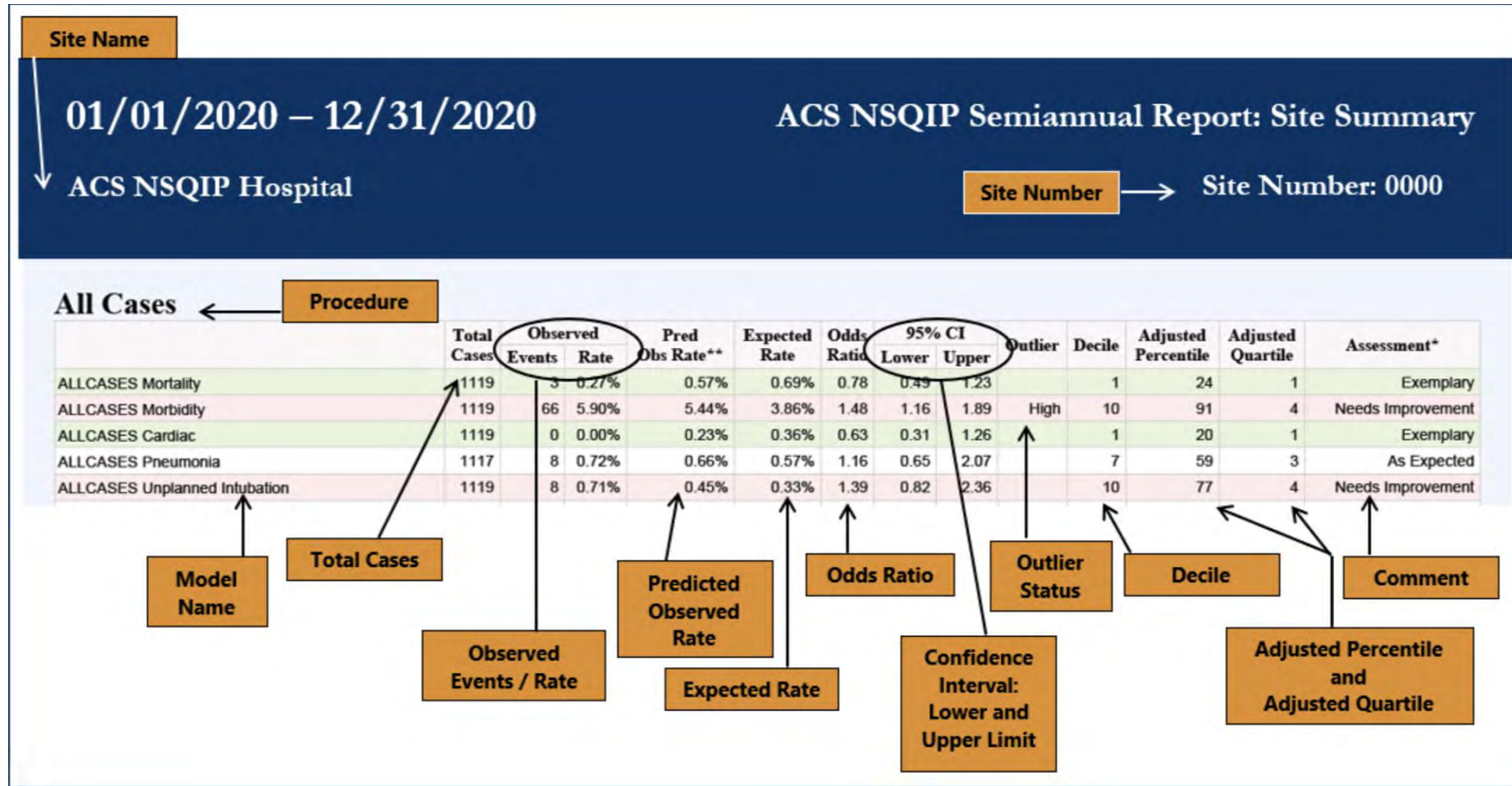
*For the "over time" report, only outlier status is addressed in color codes.

Targeted - Urology*

	07/18-06/19	01/19-12/19	07/19-06/20	01/20-12/20	07/20-06/21	01/21-12/21	07/21-06/22	01/22-12/22	07/22-06/23	01/23-12/23
T URO TURP Mortality	0.99						0.99	1.00		
T URO TURP Morbidity	0.88	0.82	1.06	1.06	1.12	1.09	1.22	0.78	0.78	1.30
T URO TURP Cardiac		0.99		0.92			1.00	0.99	0.98	0.98
T URO TURP Pneumonia						0.95				
T URO TURP Unplanned Intubation								0.99	1.00	0.99
T URO TURP VTE		0.97			0.97		0.94		0.99	0.98
T URO TURP Renal Failure							0.96	0.97	0.96	0.98
T URO TURP UTI	0.87	0.83	0.84	0.83	1.32			1.04	0.75	0.79
T URO TURP SSI							0.96	1.00	0.98	0.97
T URO TURP Sepsis		0.98			0.96	0.94	0.96	0.97	0.97	0.90
T URO TURP C.diff Colitis							0.99	1.00		
T URO TURP Unplanned Reoperation	0.95	0.96	0.91	0.88	1.24	1.39	0.84	0.88	0.92	0.97
T URO TURP Unplanned Readmission	0.92	0.89	0.93	0.95	0.94	0.94	0.91	0.93	0.91	1.08
T URO Bladder Suspension Morbidity	0.88	1.40	1.12	0.99	0.84	1.13	1.29	1.33	1.14	0.86
T URO Bladder Suspension UTI	0.89	0.91	0.91	0.98	0.88	1.05		1.63	1.21	0.92
T URO Bladder Suspension SSI			6.29				0.97			0.92
T URO Bladder Suspension Unplanned Readmission	0.95	0.96					0.89			
T URO Prostatectomy Morbidity	1.18	0.97	1.02							
T URO Prostatectomy Cardiac			1.00							
T URO Prostatectomy Pneumonia		1.00								
T URO Prostatectomy VTE	1.28	1.24								
T URO Prostatectomy Renal Failure	0.99		1.00							
T URO Prostatectomy UTI	1.31	0.89	0.90							
T URO Prostatectomy SSI	0.92	1.09	1.16							
T URO Prostatectomy Sepsis	0.96	0.86	0.98							
T URO Prostatectomy C.diff Colitis		0.97	1.00							
T URO Prostatectomy Unplanned Reoperation	1.76	1.32	0.91							
T URO Prostatectomy Unplanned Readmission	1.18	1.27	1.02							
T URO Prostatectomy Anastomotic Leak		0.91	0.95							
T URO Prostatectomy Rectal Injury		1.32	0.98							
T URO Prostatectomy Prolonged NPO/NGT Use		1.05	0.96							
T URO Prostatectomy Unilateral Obstruction		0.89								
T URO Prostatectomy Urinary Leak/Fistula		1.34	1.36							
T URO Prostatectomy Lymphocele / Leak / Fluid		0.86	0.95							
T URO Nephrectomy Morbidity	1.09									
T URO Nephrectomy Cardiac	0.98									
T URO Nephrectomy Pneumonia	0.95									
T URO Nephrectomy SSI	0.93									
T URO Nephrectomy Sepsis	0.98									
T URO Nephrectomy Unplanned Reoperation	0.97									
URO Nephrectomy Length of Stay	0.77	1.12	1.82	2.39	2.02	2.27	1.53	0.97	2.62	2.71
T URO Nephrectomy Unplanned Readmission	1.01									
T URO Cystectomy Mortality	0.99									
T URO Cystectomy Morbidity	0.98									
T URO Cystectomy Cardiac	0.98									
T URO Cystectomy Pneumonia	0.99									
T URO Cystectomy Unplanned Intubation	1.00									
T URO Cystectomy VTE	1.00									
T URO Cystectomy Renal Failure	0.99									
T URO Cystectomy SSI	0.97									
T URO Cystectomy Sepsis	0.98									
T URO Cystectomy Unplanned Reoperation	0.99									
URO Cystectomy Length of Stay	0.97	0.96				1.43	1.26	0.99	1.42	1.87

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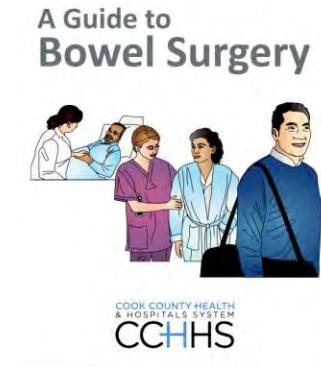
Individual Site Summary Report (Detailed)



Prolonged NPO/NGT in Colectomy Bundle

Intervention Bundle

- Preoperative Teaching
- Mechanical Bowel Preparation prior to surgery
- Preoperative oral antibiotic taken
- Clearfast or Carbohydrate drink
- Opioid-sparing medications/Intravenous Tylenol given preoperatively
- Epidural placed
- Opioid-sparing drips intraoperatively
- Goal-directed fluid management intraoperatively
- Limit post-operative fluids (bolus)
- Ambulation within 24 hours
- Feeding within 24 hour



Abbreviations Definitions

GV = General and Vascular Surgery Cases

VTE = Venous Thromboembolism

UTI = Urinary Tract Infection

SSI = Surgical Site Infection

ROR = Return to Operating Room

GEN= General Surgery Cases

COLORECT = Colorectal Surgery Cases

VASC = Vascular Surgery Cases

SS = Subspecialty

NSG = Neurosurgery

URO = Urology

THOR = Thoracic Surgery

AAA = Aortic Abdominal Aneurysm

NPO/NGT = Nil-per-os/Nasogastric Tube

VHR = Ventral Hernia Repair

TURP = Transurethral Resection of Prostate

TKA = Total Knee Arthroplasty

THA = Total Hip Arthroplasty

PLAST = Plastic Surgery

Surgical Site Infection (SSI) Bundle

Intervention Bundle

- Chlorhexidine Bath Written Instructions
- Chlorhexidine Bath Video
- Laparotomy Discharge Instructions
- Neomycin and metronidazole oral antibiotic preoperatively for colectomy
- Proper re-dosing of antibiotics
- Separate closing tray
- Normothermia at surgery completion
- Gown/Glove/Drape change during wound closure for gastrointestinal surgery
- Glove change during wound closure for gynecologic surgery