

Measure Death or Serious Morbidity – CMS Hospital Compare website

MEASURE DESCRIPTION(within 30 days from the date of surgery)	Volume /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
Measure DSM - Death or serious morbidity	1539/102	0.79	1	Exemplary
Elderly patients (>65)	585/47	0.75	1	Exemplary
Colon DSM	157/18	0.91	2	As Expected

Measure Surgical Site Infection and Urinary Tract Infection

MEASURE DESCRIPTION	Volume /Events	UC IRVINE MEDICAL CENTER Observed/Expected(O/E) Odds Ratio 04/01/2017– 03/31/2018	Quartile RANK (1-4) Lower is better	PERFORMANCE RATING
Colon SSI	157/11	1.08	3	As Expected
UTI	1393/16	0.97	2	As Expected
Deep-Organ/Space SSI	1539/38	1.10	3	As Expected

What are we doing to improve:

Our general surgery program with surgery for elderly patients and Colorectal Surgery have excellent outcomes with a mortality rate that is lower than the national average. We continually evaluate all aspects of our NSQIP outcome parameters and initiate quality improvement projects to improve selected areas with mortality 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