Finding the data to guide improvements

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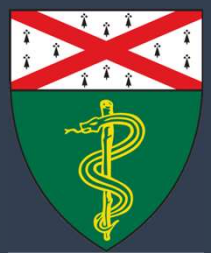
Thoracic Surgeon



Disclosures

- Epic Sciences - ran experiments for free
- Iovance - attended advisory meeting

Data-inspired change

What you seek informs **where** and **how** to look

Surgeons operated on wrong side of brain

NEW YORK — Two neurosurgeons said to have participated in an emergency operation on the wrong side of a patient's brain last week have been suspended by a Brooklyn hospital pending investigations by the hospital and the New York State Health Department, officials said.

Dr Rene Kotzen, 44, who performed the operation, and Dr Mike W. Chou, 37, whose lawyer said he prepared the patient but was not present for the surgery, were suspended by Long Island College Hospital last Wednesday, a day after the procedure to remove a potentially fatal blood clot, said Mr Jim Mandler, a hospital spokesman. The case was reported on Sunday in The New York Post.

'Yeah, it's weird. They're still investigating... All I know is my head hurts.'

— Kevin Walsh, the patient with the blood clot

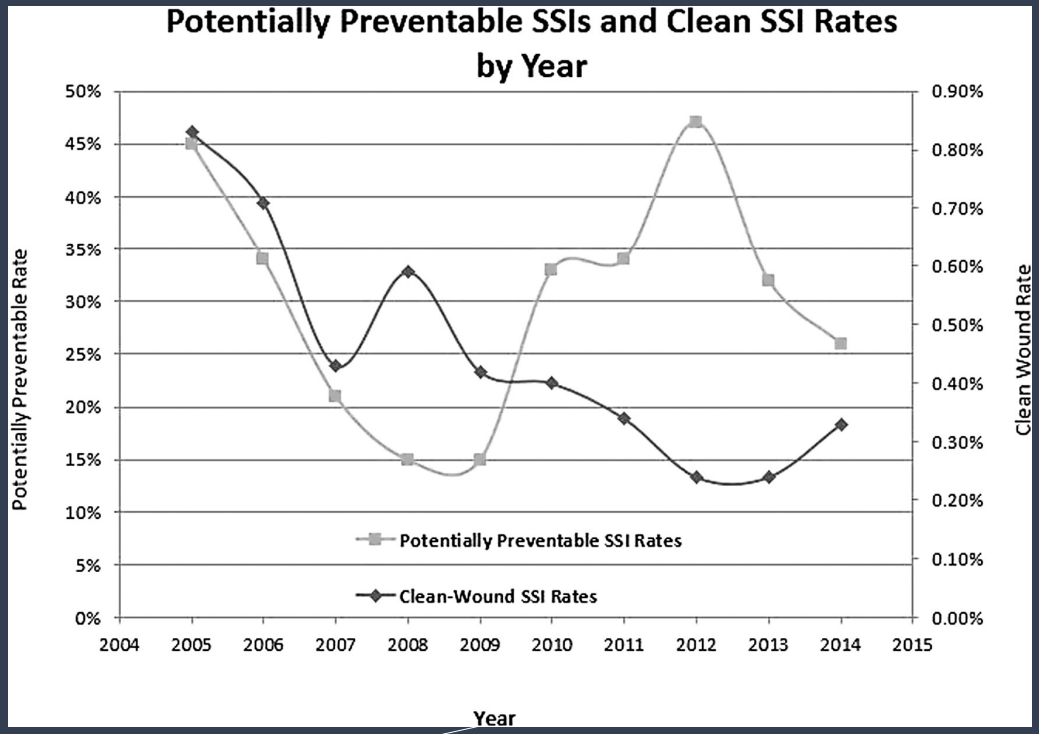
While tests showed that Mr Kevin Walsh, 41, a construction worker, was suffering from a clot on the right side of his brain, the operation was first performed on the left side.

When the mix-up became apparent, the opening was closed and the surgery was performed on the right side, the spokesman said.

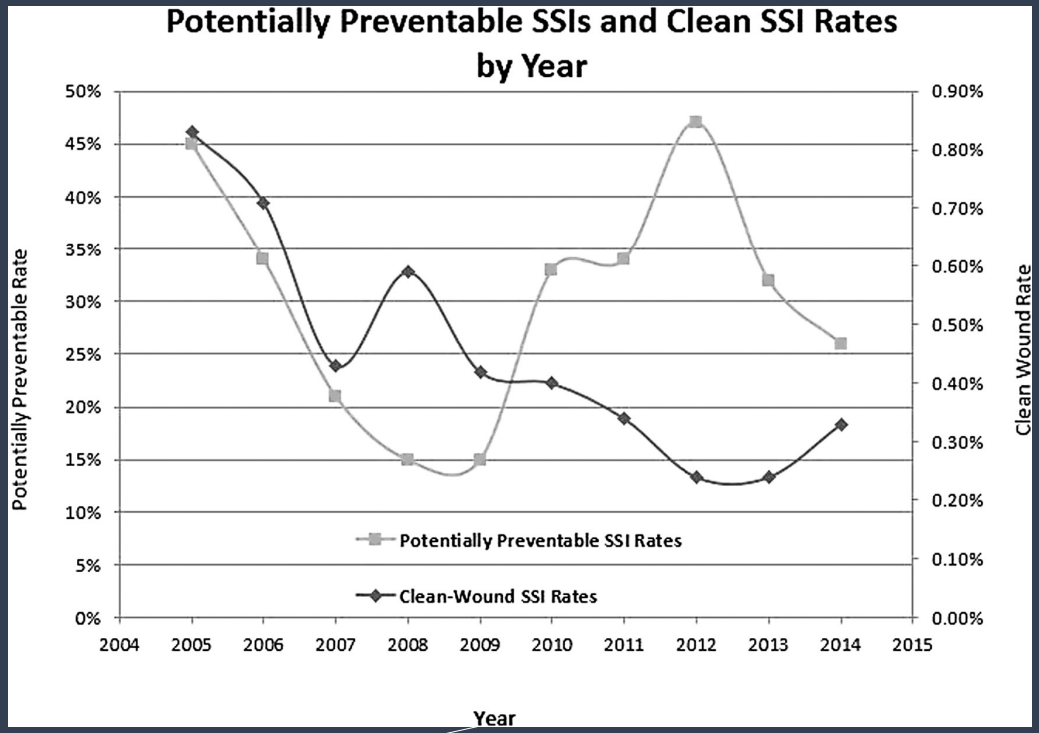
That operation was apparently successful. Mr Walsh was in stable condition on Sunday.

"Yeah, it's weird," he said. "I don't know much. They're still investigating. All I know is my head hurts."

— NEW YORK TIMES



event vs **pattern**



event vs **pattern**

How vs. *How Well*

Process

e.g. DVT prophylaxis given

Outcomes

e.g. DVT rate

How vs. *How Well*

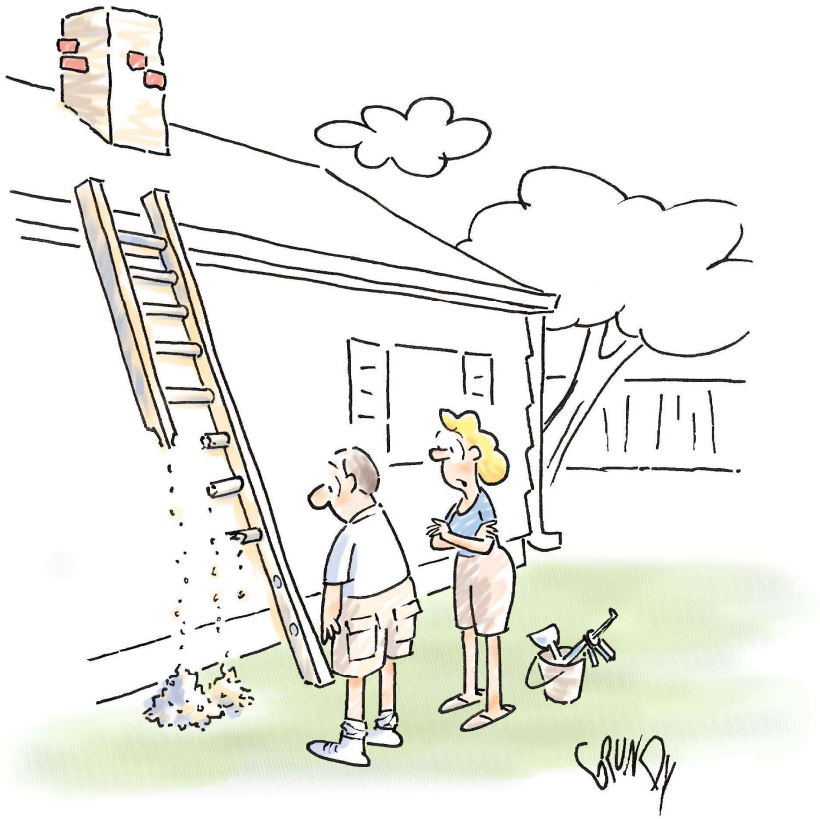
Process

Outcomes

Best practice = Care → best outcomes

Site	Measure	Year intr
Breast	For patients with AJCC Clinical Stage I-III breast cancer, the first therapeutic surgery in a non-neoadjuvant setting is performed within and including 60 days of diagnosis.	202
Breast	For patients undergoing breast-conserving surgery without adjuvant chemo or immunotherapy for clinical stage I-III breast cancer, radiation therapy, when administered, is initiated ≤ 60 days of definitive surgery	202 Changes pro
Breast	For patients ≤75 years old with HER2+ or triple negative breast cancer with any clinical N > 0 or clinical T > 1, neoadjuvant chemotherapy and/or immunotherapy is initiated within 60 days c	202
Breast	For pa and HER2 negative invasive breas who underwent breast conse mph node dissection was not perfo	202
Colon	For pa least 12 regional lymph nodes section.	202
Colon	For pa ologic stage III colon cancer (N>0) otherapy is initiated within 4 month	202
Rectal	For patients undergoing surgical resection for rectal cancer, the Circumferential Margin is greater than 1 mm from the tumor to the inked, non-serosalized resection margin.	202
Rectal	For patients with surgically treated clinical T4NanyM0 or TanyN2M0 rectal cancer, neoadjuvant radiation therapy is given within 9 months prior to resection or recommended.	202
Gastric and esophageal	For surgically managed patients age 18-79 with gastroesophageal junction or esophageal cancer cT2 with poor differentiation, or cT≥3, or N≥1, or gastric cancer cT≥2 or N>0, neoadjuvant chemotherapy and/or chemo-radiation is initiated within 120 days	202

Commission on Cancer®



Maybe the termite problem should take precedence over the chimney problem

NATIONAL CANCER DATABASE

Admin View

National Cancer Database [redacted] Ryan McCabe

Welcome,
Ryan McCabe

Currently Viewing
National Cancer Database
[redacted]

DASHBOARD
Home Page
PLATFORM
Upload
Notifications 5
ANALYTICS
Operational Reports
RESOURCES
CoC Datalinks
ACCOUNT
My Account
Log out

Home Page

Dashboard

Go To Reports

CoC Accreditation Measures for Surveyor

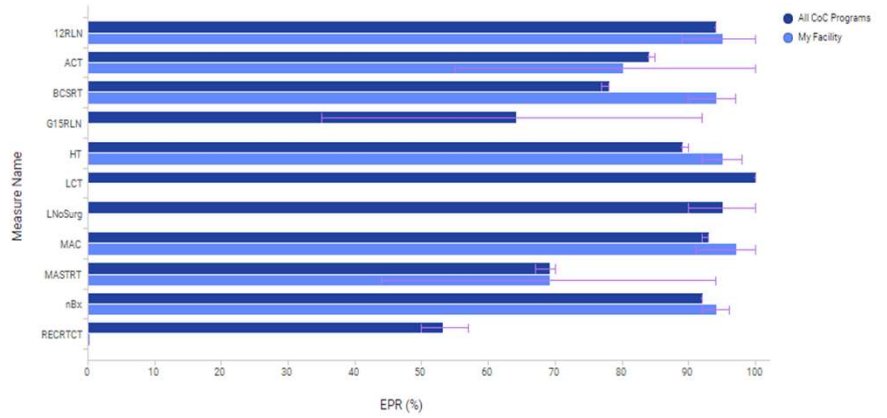
Primary Site	Measure	2015 PR	2016 PR	2017 PR
Breast	BCSRT	95.29%	97.00%	96.91%
	HT	96.75%	98.68%	98.72%
	MASTRT	94.74%	100.00%	80.00%
	nBx	92.86%	92.61%	94.76%
Colon	12RLN	96.30%	93.68%	98.02%
Gastric	G15RLN	50.00%	100.00%	100.00%
Lung	LCT	100.00%	100.00%	Data Not Available
	LNoSurg	100.00%	100.00%	100.00%
Rectum	RECRTCT	100.00%	50.00%	88.89%

Date	Notifications (Click on Notifications link on the left navigation bar)
8/17/2020	Week 3 - RCRS Resources available
8/17/2020	RCRS Pilot Webinar Week 3
8/11/2020	RCRS Pilot Webinar and Powerpoint Slides Week 2

Alert Summary

Non-Concordant	Critical	Almost Critical	Moderate	Low
4 Alerts	14 Alerts	20 Alerts	16 Alerts	3 Alerts

Quality Measures Comparison (DX Year: 2019)



On 20-30 best practices

NATIONAL CANCER DATABASE

Patient Data

NATIONAL CANCER DATABASE

Patient Data

Research Published

PubMed®

NATIONAL CANCER DATABASE

Patient Data

Research Published

Best Practices
Benchmarks

PubMed®

Example

- Hospitals send data to NCDB for lung cancer patients
- Research on NCDB dataset

Example

- Hospitals send data to NCDB for lung cancer patients
- Research on NCDB dataset
- Taking ≥10 Nodes at surgery →better survival (best practice)
- 75% of patients at academic hospitals have compliant care (Benchmark)
-

NATIONAL CANCER DATABASE

Patient Data

Hundreds of data items for each patient

NATIONAL CANCER DATABASE

Patient Data

Hundreds of data items for each patient

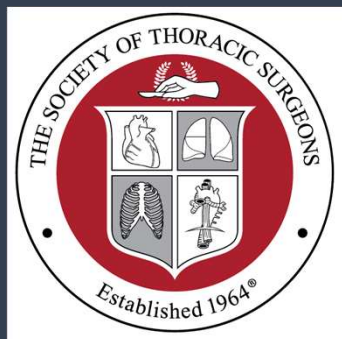
(Hospitals keep copy)

NCDB data can evaluate local care

- Who was treated
- What stage were they
- What did they receive as treatment
- How long did it take
- Complications (some)
- Long-term outcome

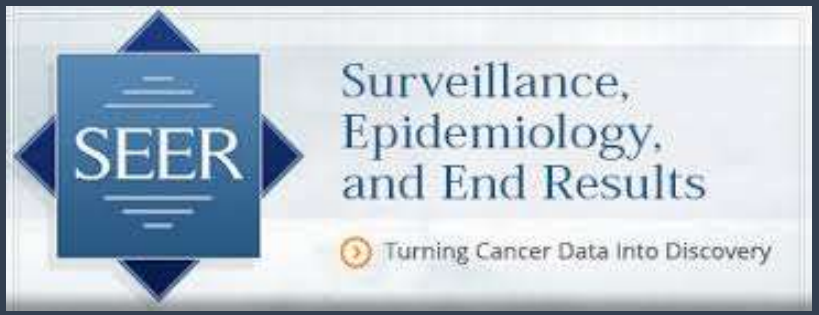
ACS NSQIP

National Surgical Quality Improvement Program
American College of Surgeons



The Society of Thoracic Surgeons

Hundreds of data items for each patient
(Hospitals keep copy)



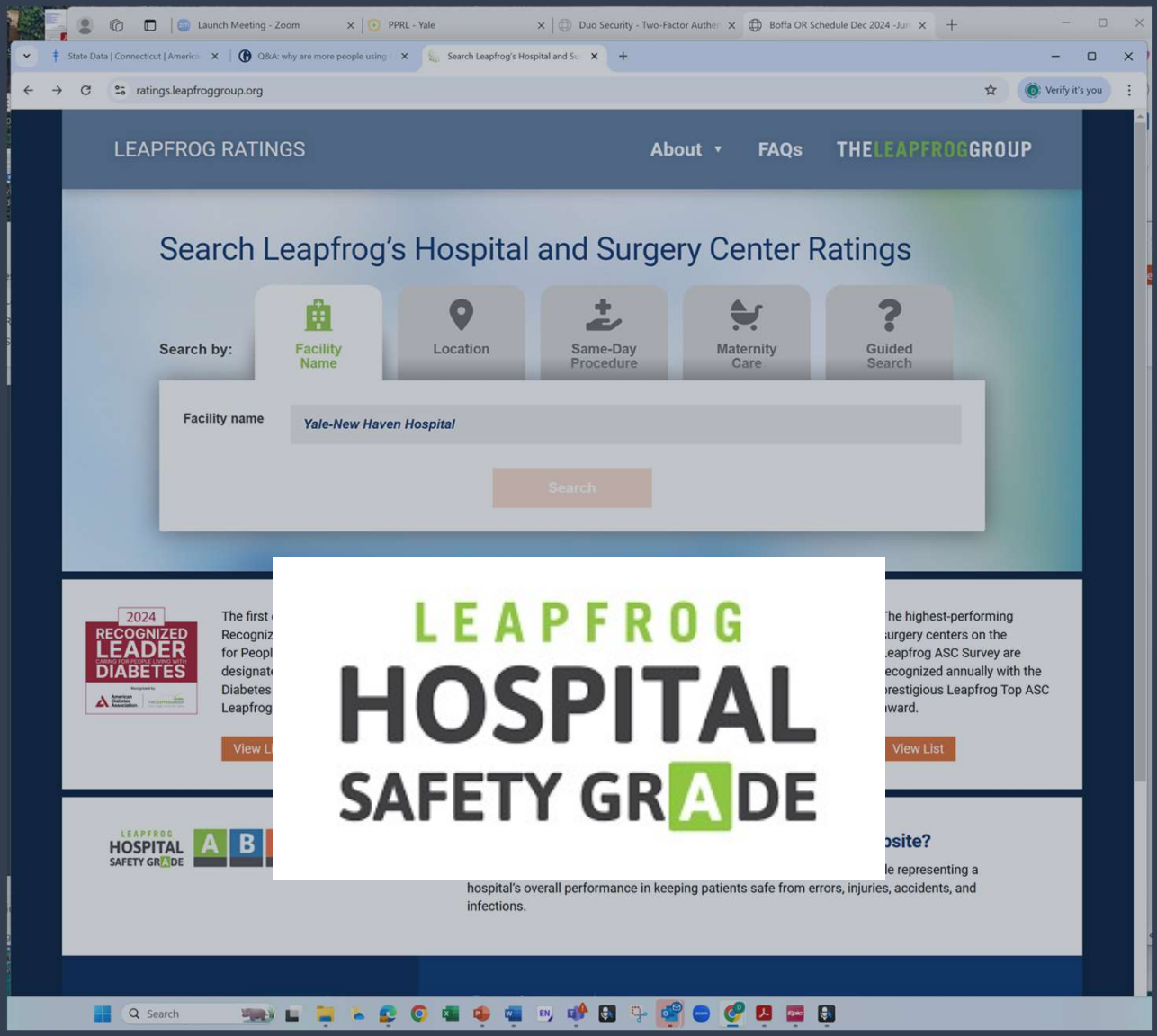
Best practice = Care → best outcomes

Best practice = Care → best outcomes

“Who’s the sickest?”

Public facing

Internal


Launch Meeting - Zoom
PPRL - Yale
Duo Security - Two-Factor Authen
Boffa OR Schedule Dec 2024 -Jun
State Data | Connecticut | Americ
Q&A: why are more people using
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Maternity Care
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2024
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hospital's overall performance in keeping patients safe from errors, injuries, accidents, and infections.
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March 10, 2025

BECKER'S CLINICAL LEADERSHIP

1. 10 top threats to patient safety in 2025: ECRI Full story

PressGaney

Ask Patients

Ask Teams

Getting Better…

Should Not Make People

Feel Bad

Best way of doing things

Should be the path of

***Least* resistance**

Thank you