

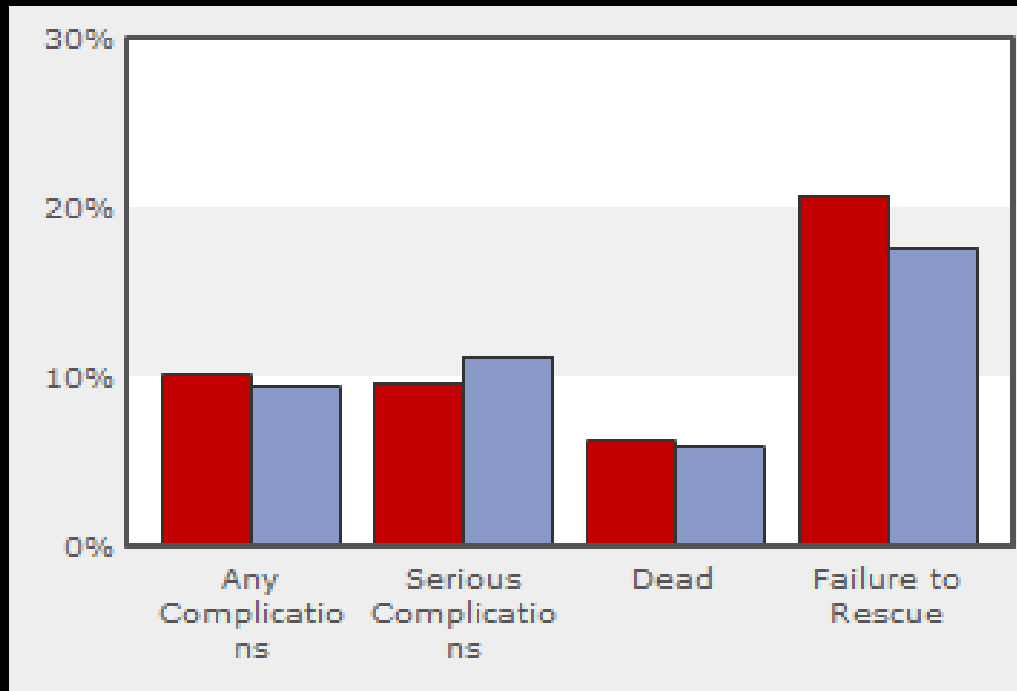
Failure to Rescue

- Do WE really suck?
- Do the statistics suck?

Wayne Vander Kolk MD FACS

St Mary's Medical Center

Grand Rapids

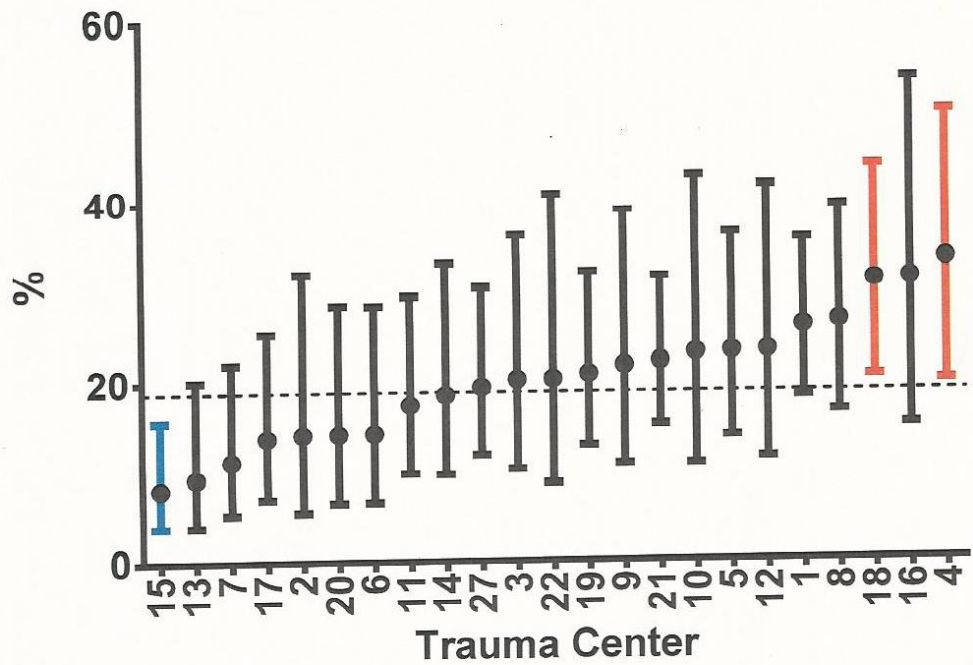


November 1, 2011 – October 31, 2012

- Mercy Health Saint Mary's
- All MTQIP

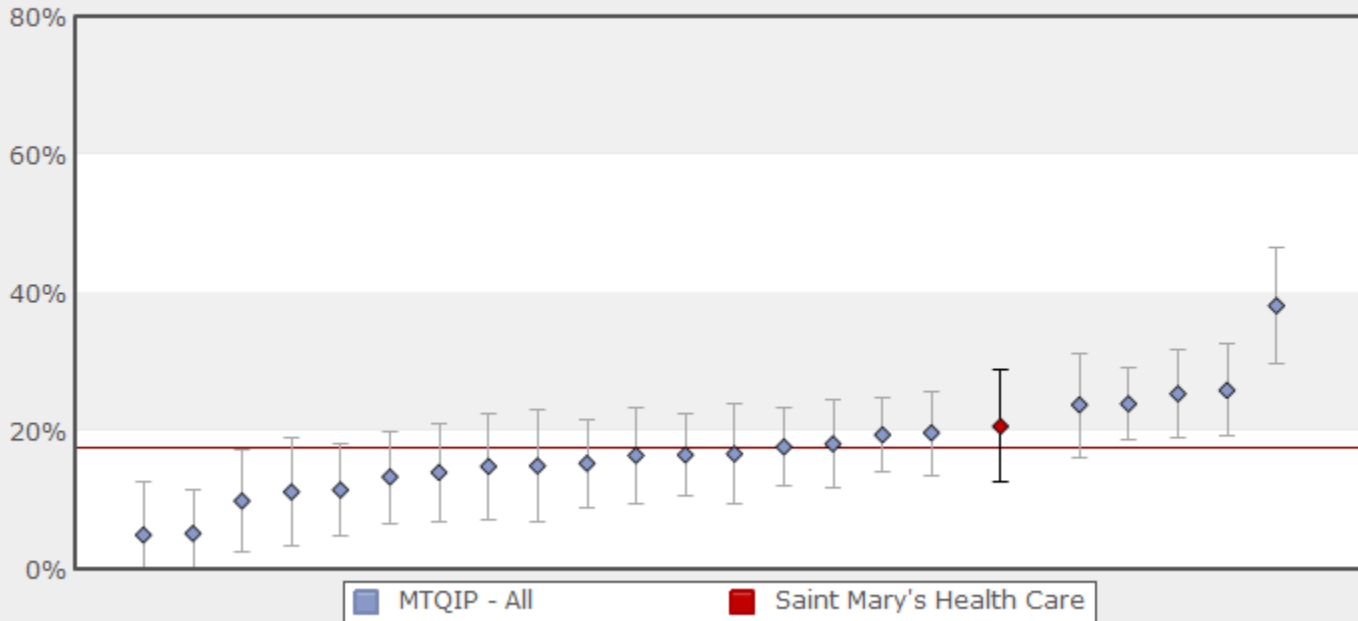
Time Period: 11/1/2011 to 10/31/2012

Failure to Rescue



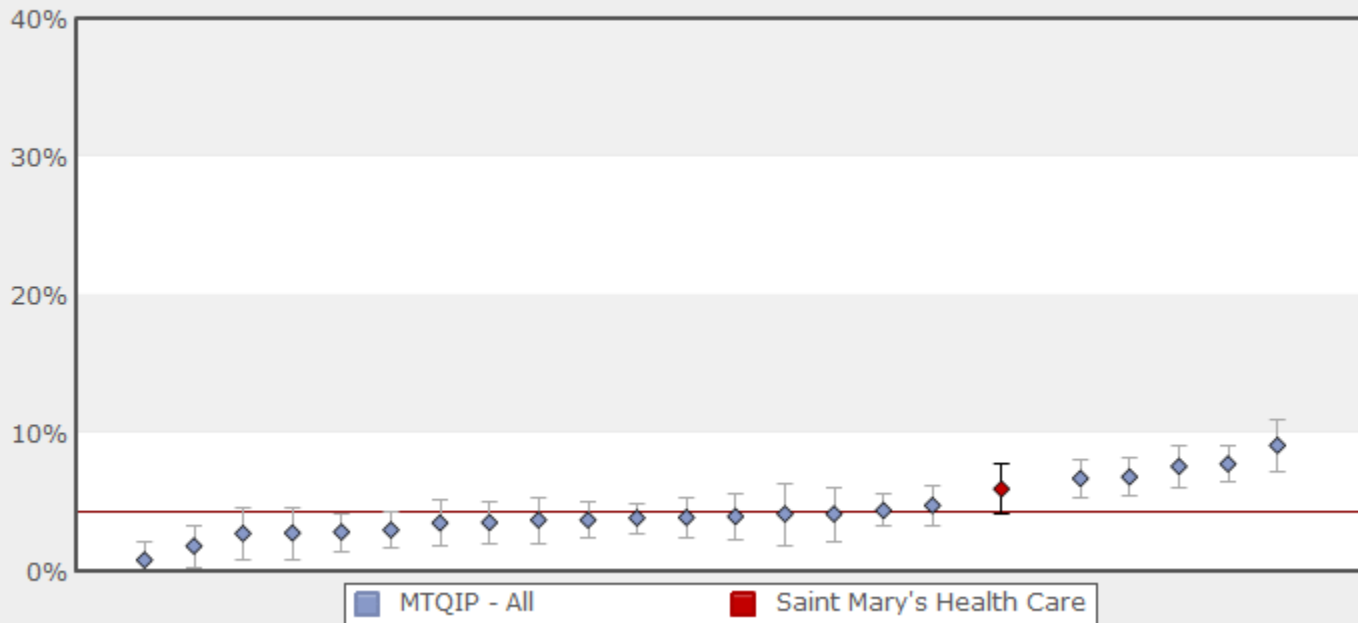
Outcomes Overview - Failure to Rescue

Provider: Saint Mary's Health Care, Period: 11/01/2011 - 10/31/2012, Peer Group: MTQIP - All, Report Date: 12/20/2013



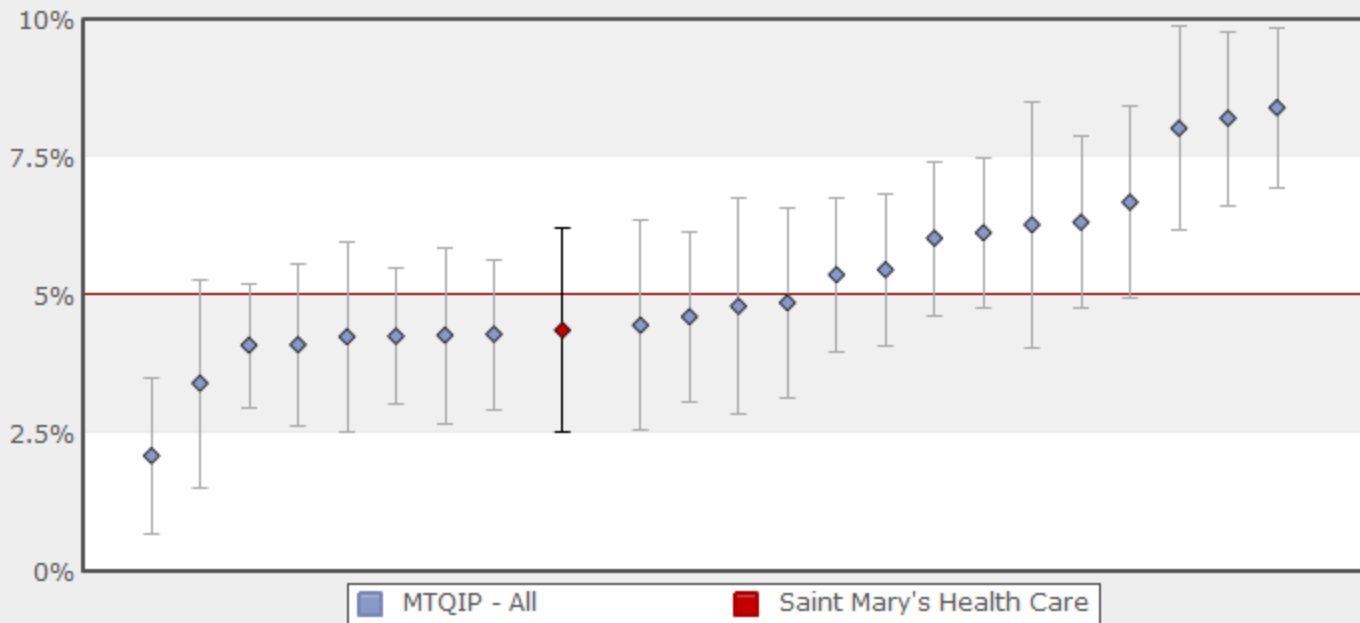
Complications by Severity - Grade I

Provider: Saint Mary's Health Care, Period: 11/01/2011 - 10/31/2012, Peer Group: MTQIP - All, Report Date: 12/20/2013



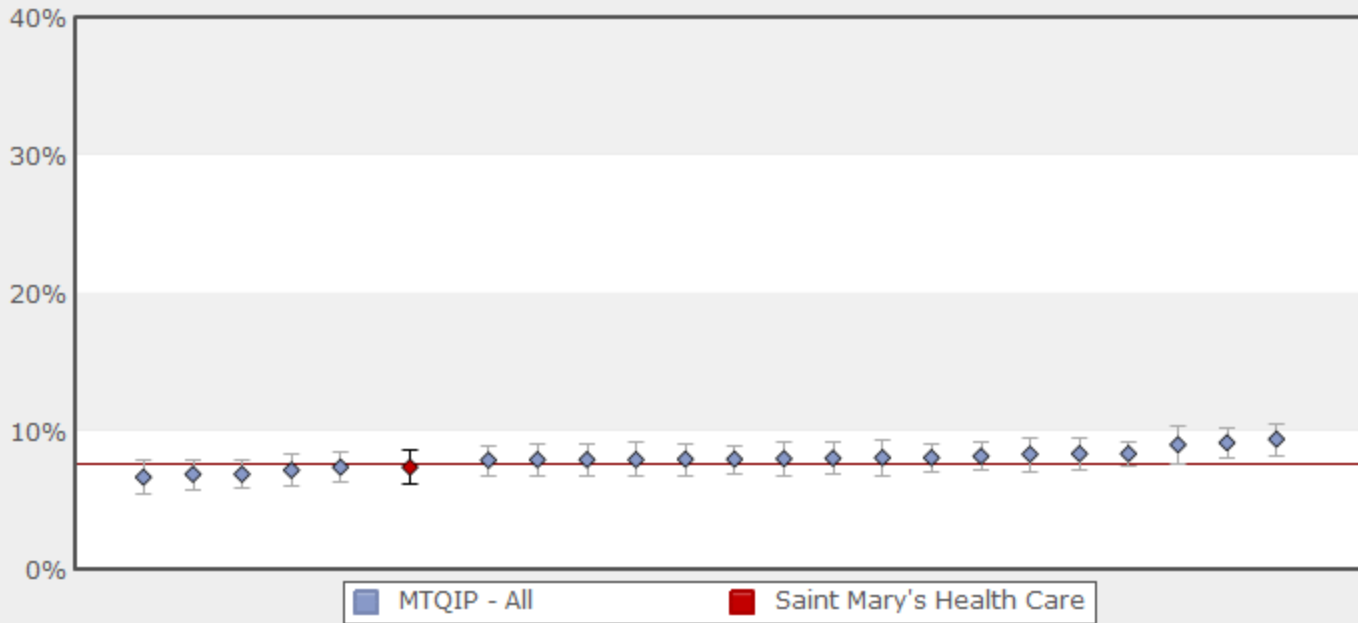
Complications by Severity - Grade II

Provider: Saint Mary's Health Care, Period: 11/01/2011 - 10/31/2012, Peer Group: MTQIP - All, Report Date: 12/20/2013



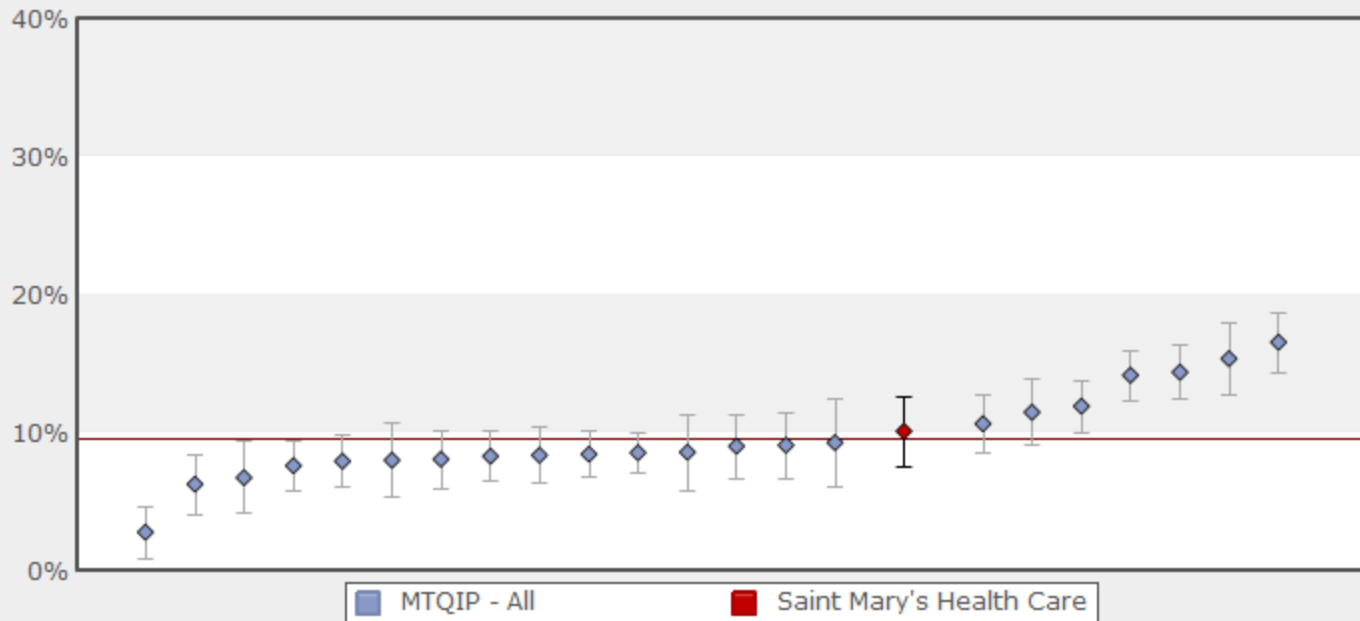
Complications by Severity - Grade III

Provider: Saint Mary's Health Care, Period: 11/01/2011 - 10/31/2012, Peer Group: MTQIP - All, Report Date: 12/20/2013



Complications by Severity - Any Complications

Provider: Saint Mary's Health Care, Period: 11/01/2011 - 10/31/2012, Peer Group: MTQIP - All, Report Date: 12/20/2013



Failure to Rescue

- Definitions:
 - FTR In the setting of Grade II or III complication the patient expires
 - Failure The lack of success or the omission of an expected or required action
 - Rescue the act of saving from distress

The statistics

- St Mary's
 - Off the caterpillar graph
 - We were the one on the bad side

Initial Reaction

- Unbelief
- Hemmila screwed up the math
- We need a new registrar
- Must be the program managers fault
- Is it the trauma directors patients?
 - Probably my partners!
 - Probably my partners covering my patients!

Patient One

- 19 y.o male involved in mvc
- Arrival GCS of 3
- Some free fluid seen on the initial CT scan
- Expected mortality of .52
- Probability of survival 22%

Patient One

- Taken for emergent craniotomy
- Later in the morning within the first 8 hours not improving acidosis
- Repeat CT shows more fluid abdomen and tiny amount of free air
- Emergent laparotomy shows jejunal injury

Patient One

- Spent 15 days in hospital without significant neurological improvement and family withdrew support
- MTQIP Complications
 - Unplanned return to OR
 - UTI
 - No evidence of UTI
 - an intern's note bringing up the possibility

Patient Two

- 24 y.o female hit by car
- Arrival GCS of 3
- Taken to operating room for emergent craniotomy
- Initiation of massive transfusion during surgery

Patient Two

- During craniotomy
 - She had basically divided her brain in two hemispheres traumatically with a corresponding injury to central sinus
 - Massive blood loss during surgery
 - Initiation of massive transfusion
 - Period of asystole responded to brief period of CPR

Patient Two

- Expected mortality of 0.11
- Probability of survival 48%
- Patient with massive brain swelling and family withdrew support less than 24 hours later
- MTQIP complication
 - CPR

Patient 3

- 30 year old pedestrian struck by car
- ISS of 33
- Severe closed head injury
- Placement of ICP monitor

Patient 3

- Patient had aggressive support.
- Patient failed to progress and with the assistance of palliative care family withdrew support
- Expected mortality of 15%
- Expected survival of 96%

Patient 4

- Patient a pedestrian hit by car
- Patient sustained a tib/fib fracture.
- Patient had repair of fracture and POD #1 on trip to bathroom had a fatal PE and died
- Patient on anticoagulation from arrival

Patient 4

- Expected mortality of 0%
- Expected survival of 100%

What did I learn?

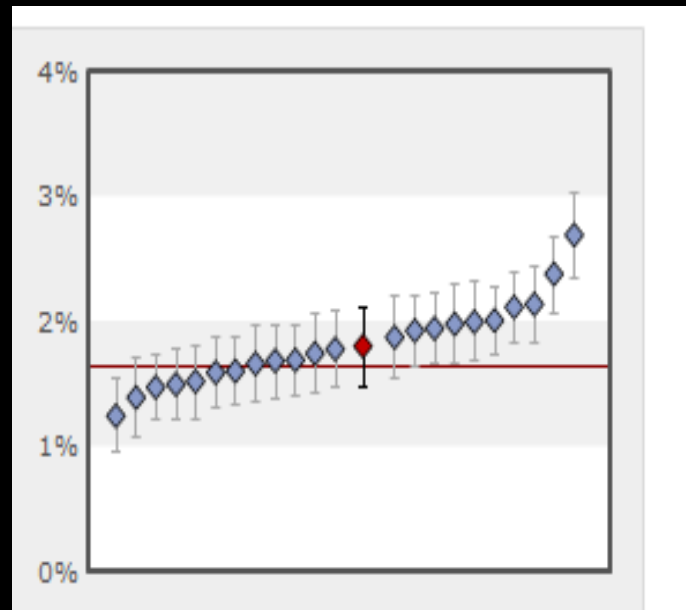
- I love the program
 - It is easy to play with
 - The graphs are helpful
 - It is easy to narrow the focus on your searches.

What did I learn?

- My initial reactions
 - I have to clear all complications before they go in
 - The definitions need reworking
 - This is not accurate reflection of our practice

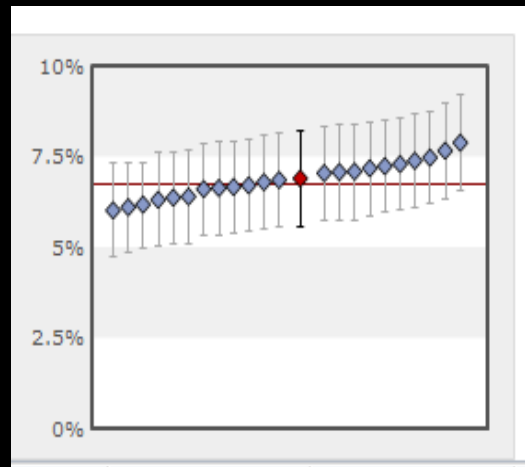
Mortality November 2011 – October 2012

ISS 5-15



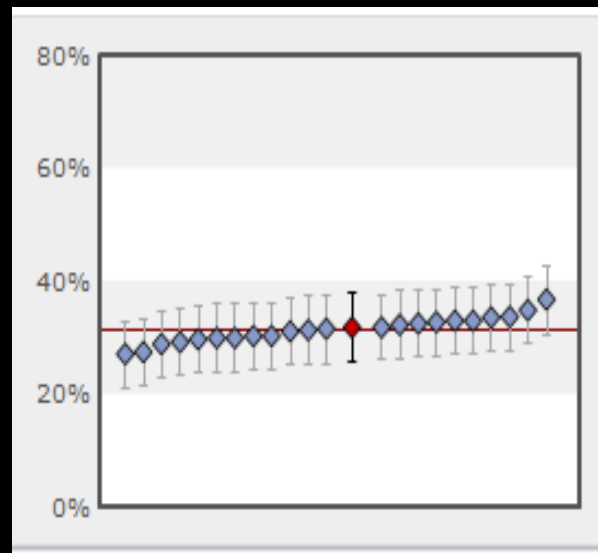
Mortality November 2011 – October 2012

ISS 16-25



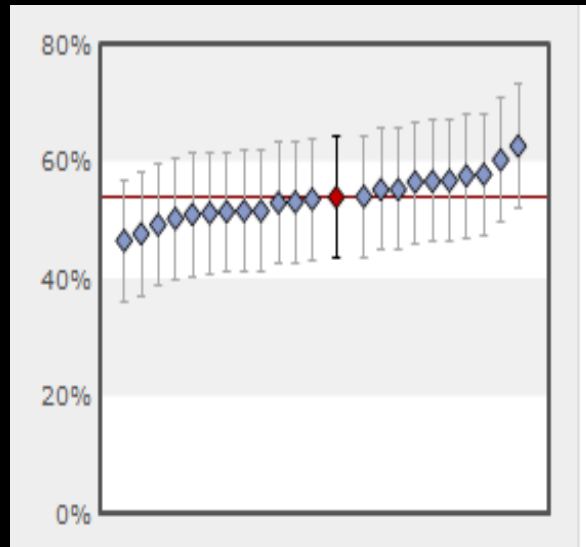
Mortality November 2011 – October 2012

ISS 26-35



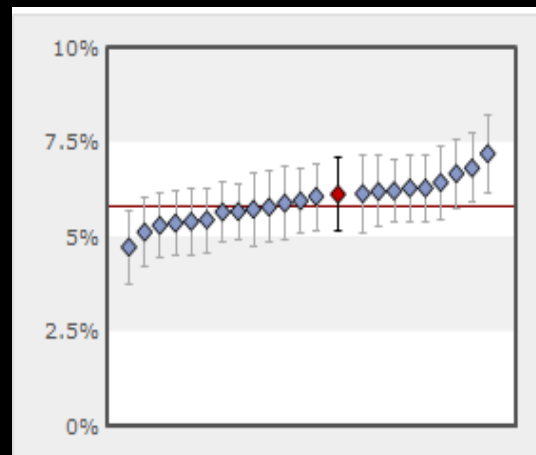
Mortality November 2011 – October 2012

ISS > 35



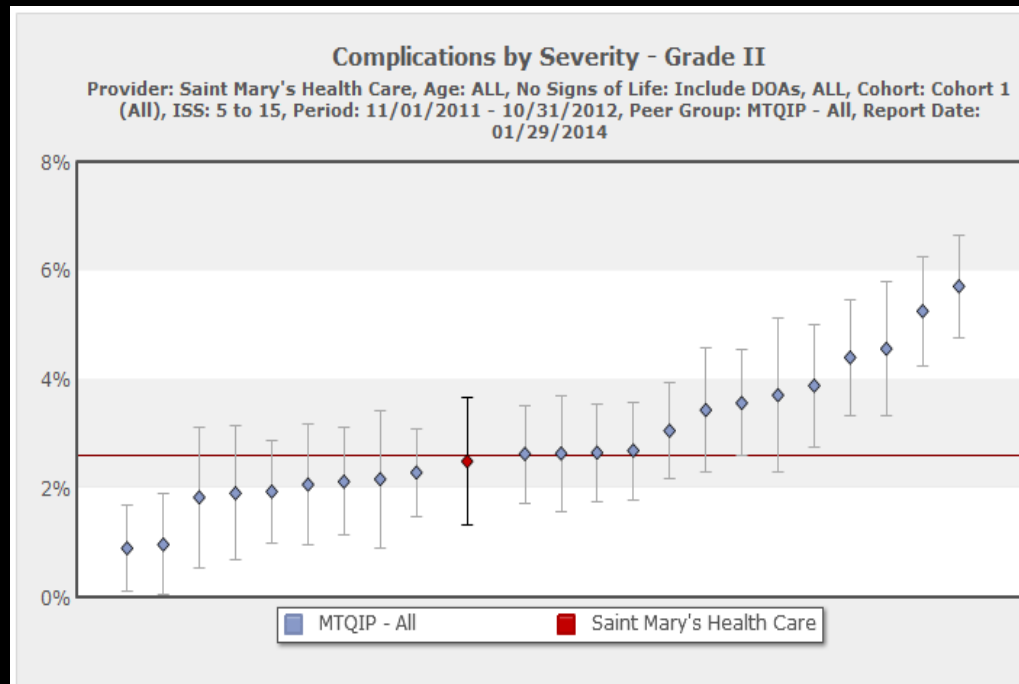
Mortality November 2011 – October 2012

All ISS

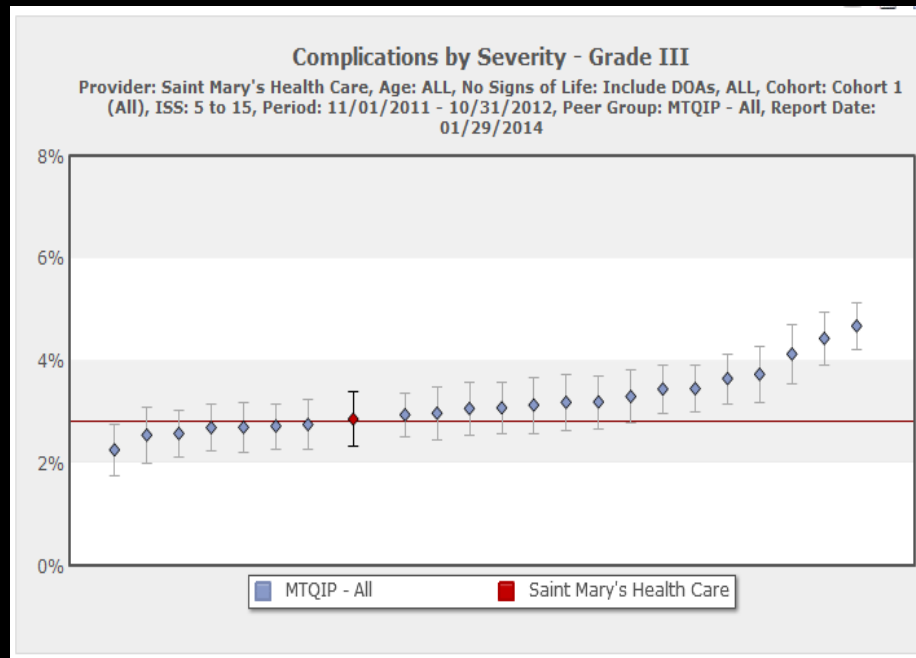


Complications Grade 2

ISS 5-15

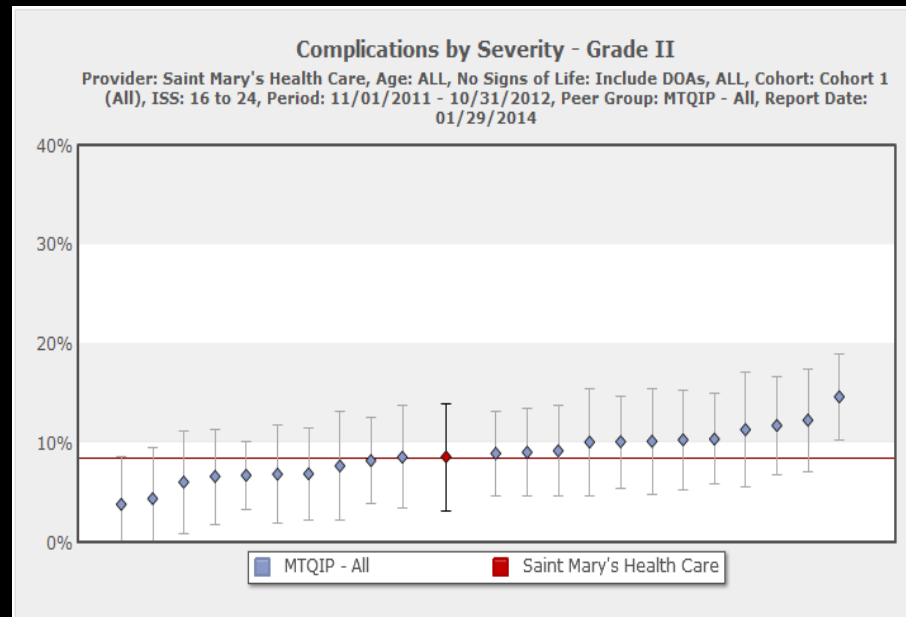


Complications Grade 3 ISS 5-15

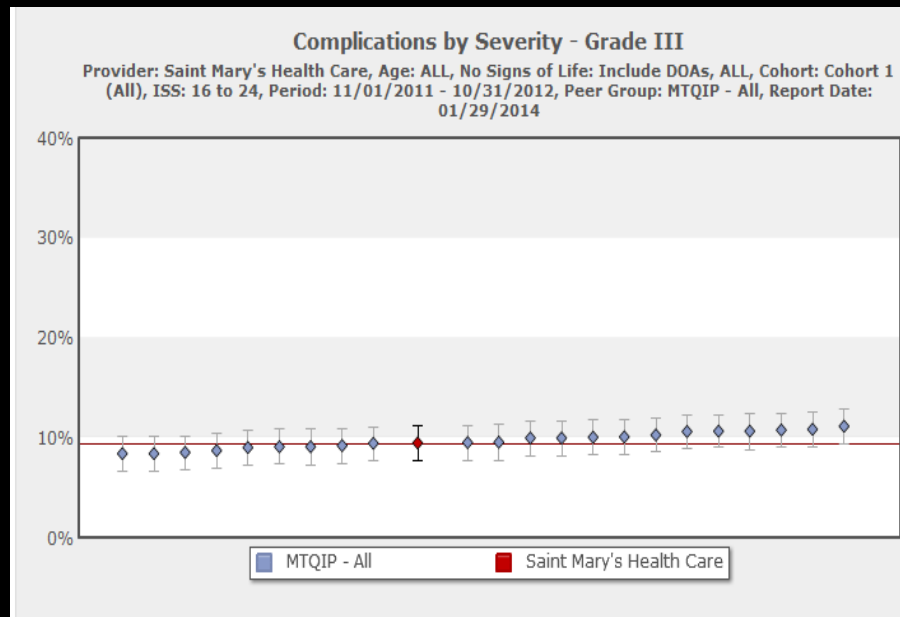


Complications Grade 2

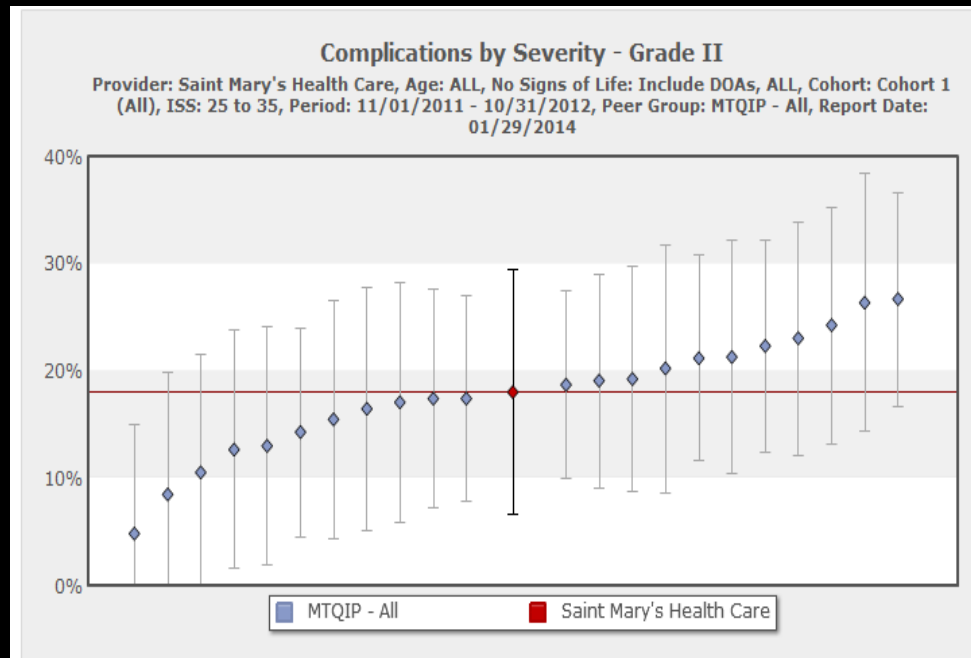
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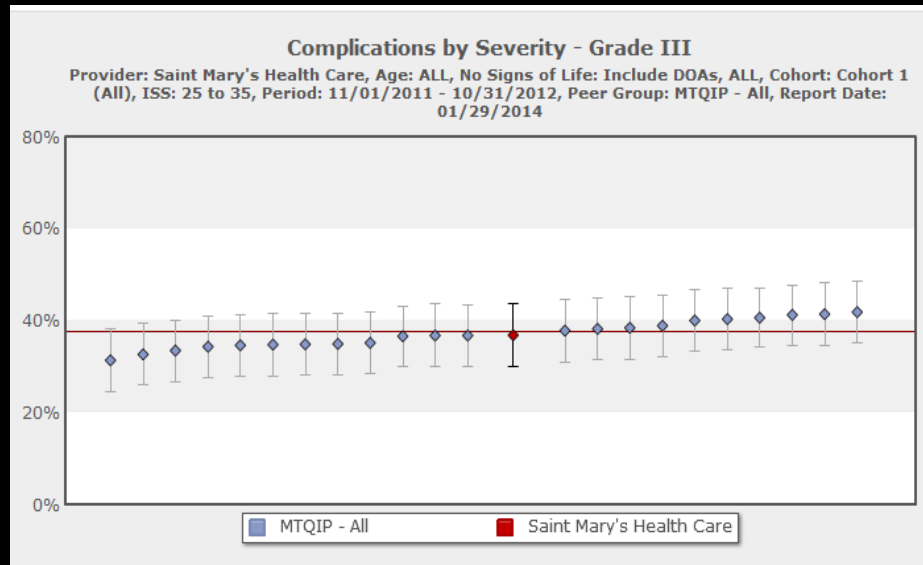
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Complications Grade 2 ISS 25-35

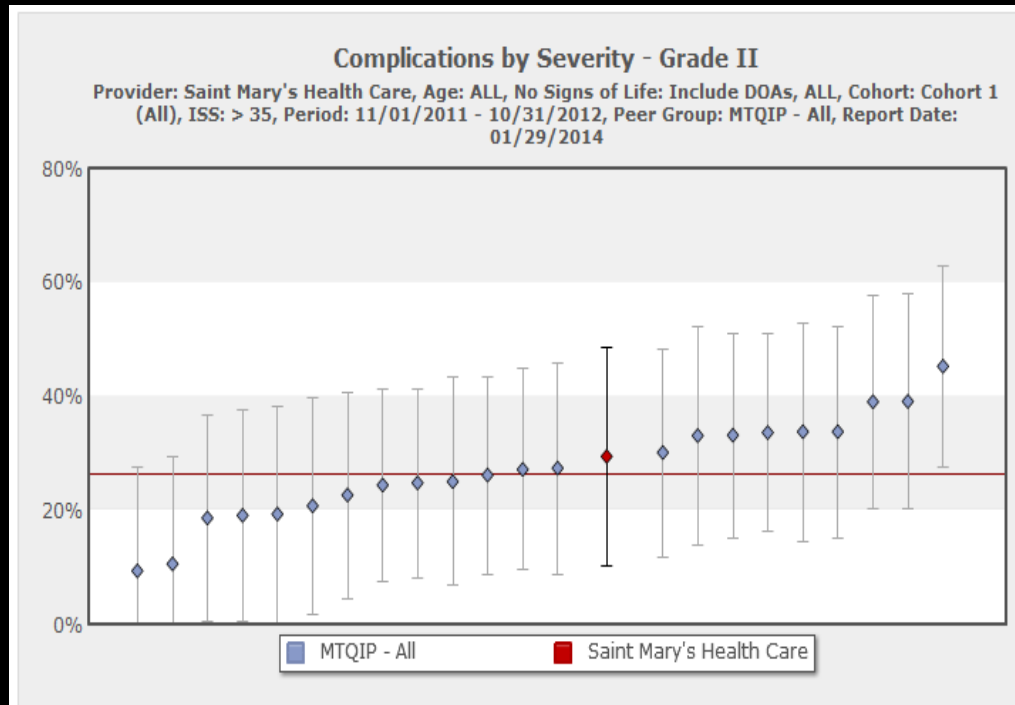


Complications Grade 3 ISS 25-35

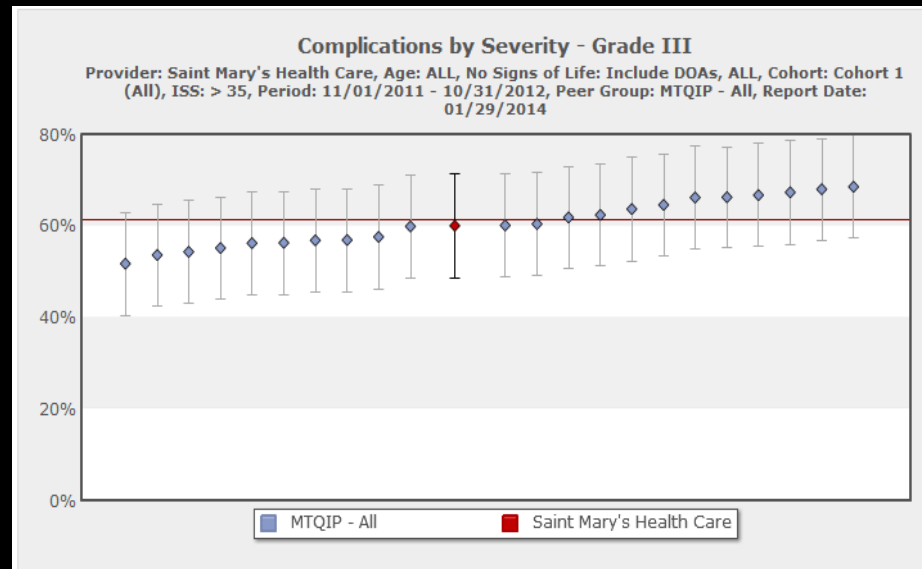


Complications Grade 2

ISS > 35



Complications Grade 3 ISS > 35



What did I learn?

- Final reaction
 - I like the complications (obviously not for patients)
 - I can see this tool very helpful in tracking tendencies
 - i.e. are we missing injuries with craniotomies
 - Are we late with massive transfusions
 - Are we withdrawing support too often
 - » Age related
 - » Outcomes related

Conclusion

- Will have to figure out a way in the program to track that which is important for me
- Grade II complications seem to be the area that we in Michigan should attack with the most vigor
- Will we be able to customize our views to provide report cards.
 - Can I look at partners with care subdivided by injury patterns, ISS, and etc.