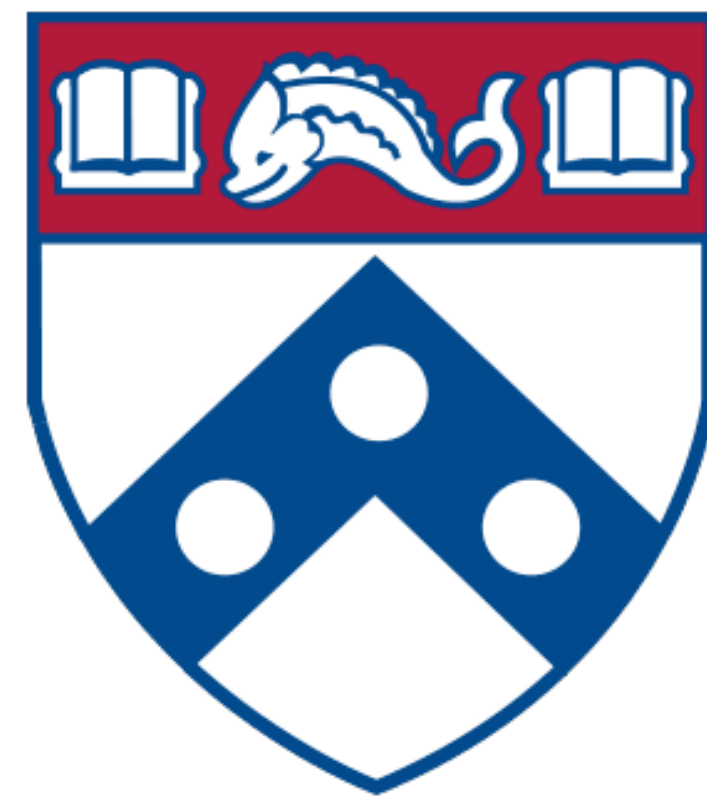
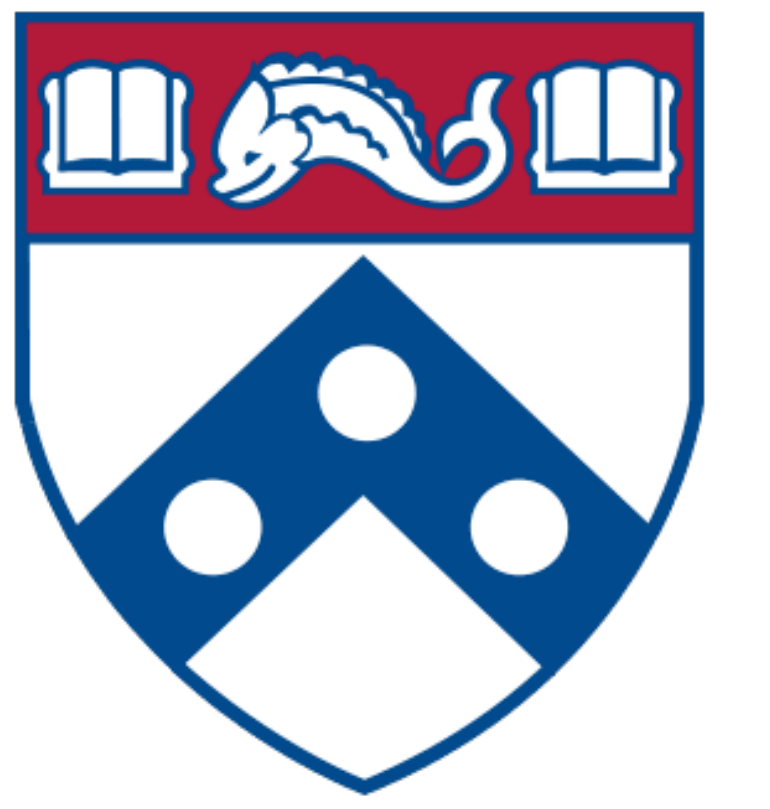




Relevance of American College of Surgeon NSQIP Participating Hospital Comparisons in Evaluating Quality at Head and Neck heavy Tertiary Care Hospitals



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IMPORTANCE

- The national surgical quality improvement project (NSQIP) allows for self and comparative assessment of quality indicators for participating hospitals.
- It is unclear whether the 518 participating sites can be reasonably compared as case mix, complexity, and patient factors are potentially variable and presumed more challenging at tertiary centers.

OBJECTIVE

To determine the morbidities experienced in randomly selected NSQIP reviewed cases at our institution in an annual report to assess the quality metrics at one of our health system's tertiary hospitals.

DESIGN, SETTING & PARTICIPANTS

- Retrospective review of cases delivered in annual report per NSQIP guidelines
- Comparison to the other participating institutions to determine comparative performance
- 181 cases at our institution and 26,973 cases nationally, randomly reviewed per NSQIP guidelines from 1/1/18 – 12/31/18

MAIN OUTCOMES & MEASURES

- Odds ratios comparing morbidity at our institution to others for specific outcomes: pneumonia, unplanned intubation, ventilator > 48 hours, urinary tract infection (UTI), surgical site infection (SSI), Return to operating room (ROR), readmission
- Specific CPT codes of reviewed cases were evaluated and compared with averages at comparison hospitals to assess for differences

RESULTS

- Higher overall morbidity at our hospital then the mean participating hospital (pneumonia & ventilator > 48 hours both significant drivers)
- CPT distribution in our cases included more MRNDs (13.8%) then the average hospital (6.0%) and less tonsillectomies (5% vs 21%)
- Also, more tracheal resections, mandible recon , maxillectomy, laryngectomy, glossectomies, composite resections oral cavity were performed

CONCLUSIONS & RELEVANCE

- Significant differences in case mix exist for head and neck heavy programs
- Comparisons to general ENT focused hospitals are rendered less valid given that the cancer population would be expected to experience more morbidity than those undergoing tonsillectomy or thyroid surgery
- It is possible that unique comparison is necessary for such hospitals to be able to utilize the comparative data provided by the ACS and NSQIP data

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