

Society of Thoracic Surgeons  
General Thoracic Surgery Database

Quality Improvement Series:  
Reducing Readmission Rates

August 29, 2024

**STS National Database**<sup>™</sup>  
Trusted. Transformed. Real-Time.

# Agenda

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Welcome and  
Introductions

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STS National Database  
Quality Improvement  
Series Kickoff

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This is OUR project

"Never doubt that a small group of thoughtful committed individuals can change the world. In fact, it's the only thing that ever has." ~ Margaret Mead

*(who looks an awful lot like STS' Donna McDonald)!*



## STS NDB Quality Improvement Series

What are our GOALS?

To show value of the database outside of just getting reports and Star Ratings

Decrease Cost

Showing how important YOU are in abstracting Data

Be part of a National Team Effort

Making your STS data actionable

Because it's awesome to work toward something together

# Readmission Rates – Why do we care

## Readmitted Patients

- Higher Complication Rates
- Higher Rate of Infection
- Increased Rate of Mortality
- Longer Recovery Times
- Increased Opioid Utilization
- Quality of Life Impact
  - Patient Reported Outcomes

## Health Systems

- Throughput Challenges
  - Complications & Readmissions Increase LOS
- Increase Cost associated with complications
- Decreased reimbursement risk
  - CMS Hospital Readmission Reduction Program



# Who are our stakeholders?

- Most Importantly: Our Patients
- Surgeons
- Data Managers
- Rounding Clinicians (APPs, Residents, Fellows)
- Nursing
- Respiratory Therapy
- Institutional Quality Improvement Leaders
- Hospital Administrators



# What do we do about it?

Let's do a process improvement project to see if we can make it better for our stakeholders!

ORIGINAL ARTICLES

# Readmission After Lobectomy for Lung Cancer Not All Complications Contribute Equally

Brown, Lisa M. MD, MAS<sup>\*,†</sup>; Thibault, Dylan P. MS<sup>‡</sup>; Kosinski, Andrzej S. PhD<sup>‡</sup>; Cooke, David T. MD<sup>\*,†</sup>; Onaitis, Mark W. MD, MPH<sup>§</sup>; Gaissert, Henning A. MD<sup>¶</sup>; Romano, Patrick S. MD, MPH<sup>†,||</sup>

Author Information 

*Annals of Surgery* 274(1):p e70-e79, July 2021. | DOI: 10.1097/SLA.0000000000003561

## Conclusions:



Complications are the main driver of readmission after lobectomy for lung cancer. The highest risk was related to postoperative events requiring a procedure or medical therapy necessitating inpatient care.





# Risk Factors for Readmission After Pulmonary Lobectomy: A Quality Collaborative Study

Presented at the Fifty-eighth Annual Meeting of The Society of Thoracic Surgeons, Virtual Meeting, Jan 29-30, 2022.

Nathan M. Mollberg DO<sup>1</sup>  , Chang He MS<sup>2</sup>, Melissa J. Clark MSN, RN<sup>2</sup>, Kiran Lagisetty MD<sup>3</sup>,  
Robert Welsh MD<sup>4</sup>, Andrew C. Chang MD<sup>3</sup>,  
Michigan Society of Thoracic and Cardiovascular Surgeons Quality Collaborative

## Conclusions

Patients who experience postoperative complications are at increased risk for readmission, whereas follow-up  $\leq 7$  days was predictive of less risk for readmission. Efforts at reducing readmissions should focus on decreasing postoperative complication rates, the timing of discharge for patients experiencing complications, as well as decreasing length of time between discharge and clinic follow-up.



## ERAS and patient reported outcomes in thoracic surgery: a review of current data

Rachel L. Medbery, Felix G. Fernandez, Onkar V. Khullar

Section of General Thoracic Surgery, Department of Surgery, Emory University School of Medicine, Atlanta, GA, USA

### Conclusions

### Other Section

Quality-focused, cost-effective, patient-centered care is at the forefront of current healthcare reform. Implementation of ERAS pathways in both thoracic and non-thoracic surgery has demonstrated consistent improvement in patient outcomes with an associated decrease in healthcare spending. Furthermore, the incorporation of PRO data into clinical outcomes registries is not only feasible, but also necessary to ensure that the care we deliver meets the needs of patients and stakeholders alike. Without a doubt, clinical practice should adapt recent ERAS guidelines with the goal of on-going quality improvement. Moreover, future studies reporting on surgical outcomes ought to report upon PROs alongside traditional morbidity and mortality data in order to ensure optimal surgical therapy.

# How do we do it???

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## Define

Nationally decrease readmission rates for Lung Cancer patients.

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## Measure

Baseline data to be pulled from the Spring 24 Harvest Analysis Report. Mean readmission rate and mean LOS will be reported.

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## Analyze

Using the STS Harvest Reports, sites will implement processes at their sites to decrease readmission rates. STS will provide education and support for processes.

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## Improve


Will engage site leaders who have already accomplished decreased readmission rates and to provide education on webinars and be available as resources.

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## Control

Will track monthly to see improvement nationally.

# IQVIA Participant Dashboard


Test Facility
General Thoracic Surgery Database  
99999

### Reports

Select each report title below to view report specific parameters and generate data. Some reports have sub-reports available upon selection.

File Edit Data Visualizations View Tools User

		My Site	STS
DISCHARGE STATUS	ALIVE (DISCONTINUED WITH V5.21.1)	0 (0.00%)	0 (0.00%)
	DEAD (DISCONTINUED WITH V5.21.1)	0 (0.00%)	0 (0.00%)
	DISCHARGED ALIVE, LAST KNOWN STATUS ALIVE (OTHER THA...	159 (100.00%)	62302 (99.04%)
	DISCHARGED ALIVE, DIED AFTER DISCHARGE	0 (0.00%)	303 (0.48%)
	DISCHARGED TO HOSPICE	0 (0.00%)	26 (0.04%)
	DIED IN HOSPITAL	0 (0.00%)	275 (0.44%)
	MISSING	0 (0.00%)	0 (0.00%)
DISCHARGED WITH CHEST TUBE	YES	3 (1.89%)	4662 (7.41%)
	NO	156 (98.11%)	57681 (91.66%)
	MISSING	0 (0.00%)	262 (0.42%)
READMIT TO ANY HOSPITAL WITHIN 30 DAYS OF DISCHARGE	YES	6 (3.77%)	4465 (7.10%)
	NO	153 (96.23%)	55124 (87.60%)
	UNKNOWN	0 (0.00%)	2819 (4.48%)
	MISSING	0 (0.00%)	197 (0.31%)
	YES	0 (0.00%)	0 (0.00%)
READMISSION RELATED TO OPERATIVE PROCEDURE? (DISCONTINUED WITH V5.21.1)	NO	0 (0.00%)	0 (0.00%)
	UNKNOWN	0 (0.00%)	0 (0.00%)
	MISSING	0 (0.00%)	0 (0.00%)
	YES	2 (1.26%)	47916 (76.54%)
SUBSTANCE USE SCREENING AND COUNSELING	NO	156 (98.11%)	4772 (7.62%)
	NOT APPLICABLE	1 (0.63%)	8708 (13.91%)
	NULL	0 (0.00%)	1209 (1.93%)
	ALIVE	158 (99.37%)	61962 (98.46%)
STATUS AT 30 DAYS AFTER SURGERY	DEAD	0 (0.00%)	474 (0.75%)
	UNKNOWN	1 (0.63%)	311 (0.49%)
	MISSING	0 (0.00%)	182 (0.29%)

GTSD Participant Dashboard Report



# The Importance of Stakeholder Engagement

- Data Managers are part of a TEAM
- You will need to engage your team to succeed
- Your team includes:

- Local Quality Improvement Leaders

‘Twenty years ago, chief quality officers weren't a core part of a hospital's C-suite team. But today, it's hard to imagine how an executive team could function without one, especially in a healthcare landscape where reimbursement is increasingly tied to patient outcomes and other quality measures.’ – E. Carbajal (Becker's Clinical Leadership 6.8.2023)

- Your Fellow Data Managers

- Prevalence of complication types can vary institutionally
    - Will have break out sessions for specific complication types
    - How are others moving the needle?



# Next Steps

## Data Manager

- Engage Your Team
- Invite them to the baseline data presentation: Sept 26 @ 3pm EST
- Get Excited!

## STS

- Present Baseline Data
- Schedule Expert Presentations
- We're already excited!



Looks an awful lot like Leigh Ann Jones!



# Open Discussion



Please use the Q&A Function.



We will answer as many questions as possible.



We encourage your feedback and want to hear from you!

## Upcoming GTSD Webinars

# Monthly Webinars

- September 11 call canceled – AQO TIME!!
- October 9 @ 2:30ET (1:30CT)

# Quality Improvement Series

- September 26 @ 3pmET (2:00CT)





# Contact Information

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Database Operational  
Questions  
(Database Participation,  
Contracts, etc.)

- [STSDB@sts.org](mailto:STSDB@sts.org)



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**THANK YOU FOR JOINING!**