

CBE ID

1790

Title

Risk-Adjusted Morbidity and Mortality for Lung Resection for Lung Cancer

Project

Surgery

Endorsement Status

Endorsement Removed

Is Under Review

No

Previous Endorsement Cycle

Fall 2017

Removal Date

Tue, 01/11/2022 - 07:31

Initial Endorsement

Thu, 08/09/2012 - 08:05

Steward

The Society of Thoracic Surgeons

1.0 New or Maintenance

Maintenance

1.1 Measure Structure

Single Measure

1.3 Electronic Clinical Quality Measure (eCQM)

No

1.6 Measure Description

Percentage of patients greater than or equal to 18 years of age undergoing elective lung resection (Open or VATS wedge resection, segmentectomy, lobectomy, bilobectomy, sleeve lobectomy, pneumonectomy) for lung cancer who developed any of the following postoperative complications: reintubation, need for tracheostomy, initial ventilator support > 48 hours, ARDS, pneumonia, pulmonary embolus, bronchopleural fistula, unexpected return to the operating room, myocardial infarction or operative mortality (death during the index hospitalization, regardless of timing, or within 30 days, regardless of location).

1.7 Measure Type

Outcome

1.8 Level of Analysis

Facility

1.9 Care Setting

Inpatient/Hospital

1.14 Numerator

Number of patients greater than or equal to 18 years of age undergoing elective lung resection (Open or VATS wedge resection, segmentectomy, lobectomy, bilobectomy, sleeve lobectomy, pneumonectomy) for lung cancer who developed any of the following postoperative complications: reintubation, need for tracheostomy, initial ventilator support > 48 hours, ARDS, pneumonia, pulmonary embolus, bronchopleural fistula, unexpected return to the operating room, myocardial infarction or operative mortality (death during the index hospitalization, regardless of timing, or within 30 days, regardless of location).

1.15 Denominator

Number of patients greater than or equal to 18 years of age undergoing elective lung resection (Open or VATS wedge resection, segmentectomy, lobectomy, bilobectomy, sleeve lobectomy, pneumonectomy) for lung cancer

1.20 Types of Data Sources

Other, Registry data

6.1.2 Current or Planned Use(s)

Public Reporting, Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

6.1.3 Current Use(s)

Public Reporting, Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

Exclusions

Patients were excluded if they had an extrapleural pneumonectomy, completion pneumonectomy, carinal pneumonectomy, occult carcinoma or benign disease on final pathology, or an urgent, emergent, or palliative operation. Furthermore, patients with missing age, sex, discharge mortality status, and predicted forced expiratory volume in 1 second were also excluded.

Planned Use

Public Reporting

Risk Adjustment

Statistical risk model

Target Population

Elderly

Steward Organization

The Society of Thoracic Surgeons

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