'Failure to rescue' from complications following colorectal surgery in Aotearoa New Zealand

Dr Cameron Wells

Chris Varghese, Luke Boyle, Dr Matthew McGuinness, Dr Celia Keane, Prof Greg O'Grady, A/Prof Jason Gurney, A/Prof Jonathan Koea, A/Prof Chris Harmston, Prof Ian Bissett







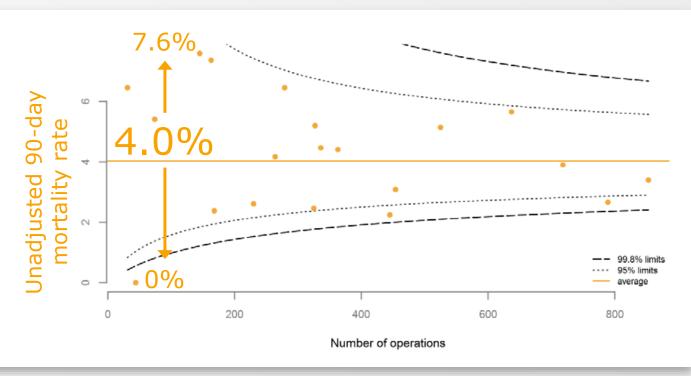
Variation in Postoperative Mortality



Bowel Cancer Quality Improvement Report

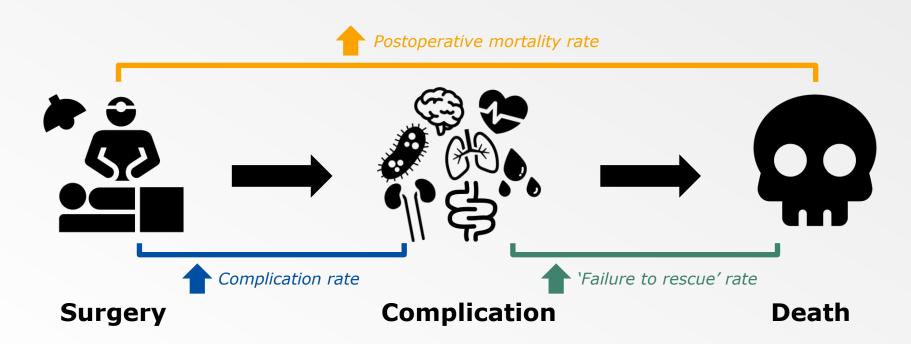
2013-16





Postoperative Mortality





Aims



Define the rate of 'failure to rescue' following colorectal cancer resection in Aotearoa New Zealand

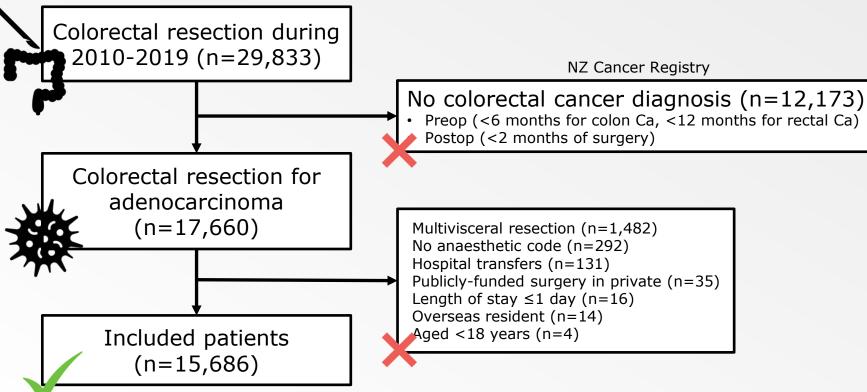
Examine variation in 'failure to rescue' between District Health Boards

Examine the contribution of improvements in 'rescue' to reductions in postoperative mortality from 2010 to 2019

Methods



NZ National Minimum Dataset



Definitions



All deaths within 90d

Failure to rescue =

Complications, reoperations, or deaths within 90d

ICD-10 Codes:



Pneumonia



Arrhythmia



Acute kidney injury



Respiratory failure



Myocardial infarction



Stroke



DVT/PE



Shock



Delirium



Sepsis



Cardiac arrest



Reoperation

Analysis



- Observed vs. risk- and reliability-adjusted mortality rates calculated for each DHB
 - Risk-adjustment: NZRISK (age, gender, ethnicity, acuity, ASA), C3
 comorbidity index, colon vs. rectal cancer, disease stage, and NZDep2013
 - Reliability-adjustment: Reduces random error associated with small sample sizes from some DHBs

- DHBs grouped into four quartiles based on observed vs. expected mortality rates
- Time periods grouped into 2-year blocks

Results



15686 patients

2010-2019

20 DHBs



46% Female



Mean age 71y (SD 12y)



6% Māori 2% Pacifica



77% Colon Ca 23% Rectal Ca



80% Elective 20% Acute

Failure to Rescue

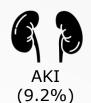


90d Mortality Rate: 4.7%

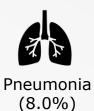


Complication Rate: 32.0%

'Failure to Rescue' Rate: 13.4%

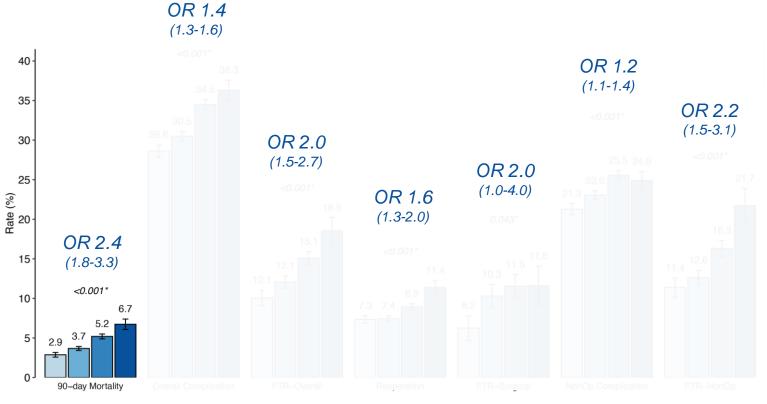






Variation by DHB

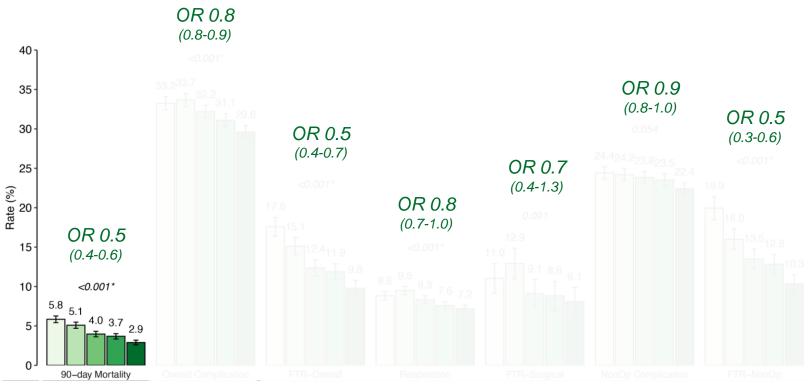




O/E Mortality Quartile

Improvements over time





Operation Year 2010–11 2012–13 2014–15 2016–17

Conclusions





Improvements in 'rescue' have driven reductions in mortality over the last decade



Variation between DHBs is primarily driven by differences in 'failure to rescue'



'Rescue' and early identification of deterioration should be a target for quality improvement

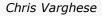


Further research needed to investigate inequities for Māori, and contributors to regional variation across Aotearoa

Acknowledgements









Dr Matthew McGuinness



Luke Boyle



Dr Celia Keane



Prof Ian Bissett



Prof Greg O'Grady



A/Prof Chris Harmston



A/Prof Jonathan Koea



A/Prof Jason Gurney



Health Research Council
Clinical Research Training Fellowship (22/45)



The University of Auckland University of Auckland Doctoral Scholarship

ANNALS OF SURGERY



ORIGINAL STUDY

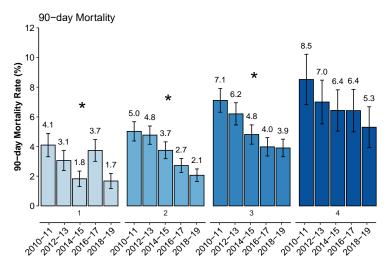
"Failure to Rescue" following Colorectal Cancer Resection: Variation and Improvements in a National Study of Postoperative Mortality Reducing Mortality after Colorectal Surgery

Wells, Cameron I. MBChB BMedSc(Hons)*; Varghese, Chris BMedSc(Hons)*; Boyle, Luke J. MSc[†]; McGuinness, Matthew J. MBChB[‡]; Keane, Celia MBChB PhD*; O'Grady, Greg MBChB PhD FRACS^{*,§,I}; Gurney, Jason PhD[¶]; Koea, Jonathan MD, FACS, FRACS[#]; Harmston, Chris FRCS (Eng) FRACS^{*,‡}; Bissett, Ian P. MD, FRACS^{*,§}

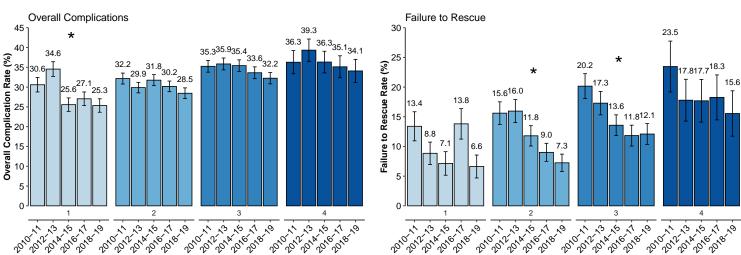
Author Information ⊗

Annals of Surgery: August 3, 2022 - Volume - Issue - 10.1097/SLA.000000000005650 doi: 10.1097/SLA.000000000005650



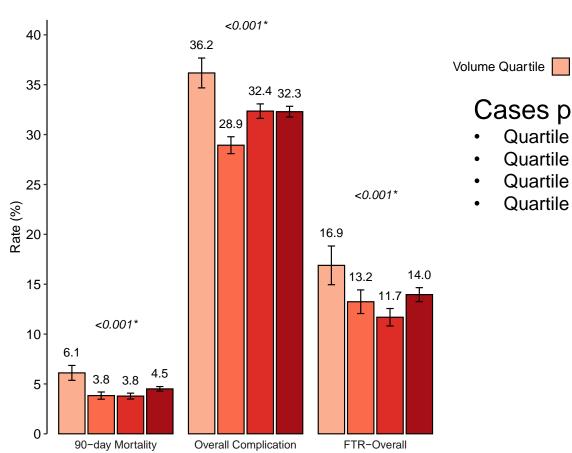






Volume Effect





Cases per year:

2

- **Quartile 1: 5-39**
- Quartile 2: 39-70
- Quartile 3: 70-104
- Quartile 4: 104-184