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Existing clinical performance information:

- A focus on management data
- Limited quality metrics:
 - single outcome measures: mortality & readmissions
 - mainly using national aggregate data sets
 - poor risk adjustment: no real case-mix
 - based on averages
 - snapshot analysis exaggerates small anomalies
 - benchmarking not robust
- Ownership of data...
- ...doctors "policed" rather than supported?



The solution

CRAB: What does it do?

- Calculation of individual patient risk
 - physiological and operative
 - mortality and morbidity
 - Predictive and retrospective
- Presentation as O/E ratio:
 - celebrate successes as well as alerting problems
 - international benchmarking
 - trend and snapshot
 - spectrum analysis by risk decile
 - critical care facilities analysis



Background

See the whole picture.

• POSSUM

- Recommended methodology:
 - Royal College of Surgeons (England, Scotland & Ireland)
 - National Confidential Enquiry into Perioperative Deaths (NCEPOD)
 - Vascular Society of Great Britain and Ireland
 - Association of Coloproctology of Great Britain and Ireland
 - Association of Upper Gastrointestinal Surgeons
- In use:
 - 34 units in England
 - 47 countries worldwide

• CRAB

- POSSUM now fully automated, updated, with state-of-the-art web technology and more detailed data capture.
- International referential database of 800,000+ patients: largest of its kind in the world



- Physiological assessment
 - 12 Variables
 - 4 Grade
 - Exponential increase in grading
- Operative severity assessment
 - 6 Variables (slight variation from general surgery)
 - 4 Grade
 - Exponential increase in grading
- Associated trigger tool for medical care



Benefits

Simple, secure, web-based system for:

- Consultation support
- Audit aid for individual mortality or morbidity assessment
 - Appropriate outcome?
 - Appropriateness of surgery?
- Early intervention system
 - As an aid to resuscitation, planning care needs
- To assess surgeon/unit performance
 - robust, clinical evidence base for identifying outliers, and causes
 - training and appraisal
 - reliable benchmarking
 - protection for good performers
- Organisational assurance on Clinical Governance issues
- Real patient choice and public accountability



CRAB See the whole picture.

Hello Charles Bigley!

Log Off | Account Details

HOME

General Reports

HOSPITAL OUTCOMES



HOSPITAL REFERRAL TOOLS

Casemix Profile Mortality Morbidity

Commissioner Tools Surgical Outlier ≥ Referral Pattern ⋗

HOSPITAL TRENDS

General Mortality >> Morbidity >> **Risk Adjusted Outcomes** Mortality >> Morbidity >> Outcome Trend Assessment

Mortality >> Morbidity >>

Facilities Tools

Use of Facilities Prediction

About CRAB | EH Information | Get Help

Specific Reports

SUB-SPECIALITY ANALYSES

General Surgical Casemix >> Activity >> Casemix Profile Mortality >> Morbidity >>

Trend Analyses Mortality Morbidity

Need Help?

Click on any Report Name to learn more OF Click on the adjacent >> symbol to get straight to work.



CRAB See the whole picture.

Application

What this means



International results Comparative data

Country	Number of patients	Type of unit/surgery	% Mortality	O/E ratio
Argentina	743	Peripheral Vascular	5.3%	0.98
Wales	2890	Teaching Hospital, Urology	1.3%	1.01
Turkey	3420	Military Hospital Mixed General	2.1%	0.99
Singapore	340	High dependency Mixed General and orthopaedics	8.2%	0.97
India	7567	Mixed general surgery Young age skew	1.7%	0.98







CRAB Individual performance See the whole picture. Case study

Orthopaedics research analysis

- 2326 consecutive non day case patients
 - 44% Elective
 - 56% Emergency
- 6 surgeons
- 2 years
- Overall mortality 2.2%
- Overall morbidity 10.8%



Morbidity O/E ratio comparison

Individual Orthopaedic Surgeons

	Morbidity	O/E
A	12.9%	0.97
В	10.5%	1.04
С	11.0%	0.95
D	4.6%	1.00
E	9.6%	1.03
F	13.4%	0.98



See the whole picture.

Case study: UK London

	< 10%	10% - 20%	20% - 30%	30% - 40%	40% - 50%	50% - 60%	60% - 70%	70% - 80%	80% - 90%	>= 90%
Total	6	29	8	10	7	3	3	3	2	3
Consultant	1 🔻	8 🔻	2 🔻	1 🔻	1 🔻	1 🔻	1 🔻	1 🔻	1 🔻	2 🗸
Consultant %	5.3	42.1	10.5	5.3	5.3	5.3	5.3	5.3	5.3	10.5
Other Consultants	5	21	6	9	6	2	2	2	1	1
Other Consultants %	9.1	38.2	10.9	16.4	10.9	3.6	3.6	3.6	1.8	1.8





REPORT

Create New Report

Karolinska Orthopaedic Centre, 01/01/2009 to 31/12/2009.

	< 10%	10% - 20%	20% - 30%	30% - 40%	40% - 50%	50% - 60%	60% - 70%	70% - 80%	80% - 90%	>= 90%
Total	56	116	88	71	55	32	33	25	10	7
Favourable	45	93	71	56	38	21	24	17	7	3
Favourable %	9.1	18.9	14.4	11.4	7.7	4.3	4.9	3.4	1.4	0.6
Adverse	11 🔻	23 🔻	17 🔻	15 🔻	17 🔻	11 🔻	9 🔻	8 🔻	3 🔻	4 🔻
Adverse %	2.2	4.7	3.4	3.0	3.4	2.2	1.8	1.6	0.6	0.8
Raw %	19.6	19.8	19.3	21.1	30.9	34.4	27.3	32.0	30.0	57.1



Create New Report



CRAB See the whole picture.

Case study: Sweden (Karolinska Hospital)





Mortality Risk

REPORT

Create New Report

Denver, 01/01/2006 to 31/12/2008.

Date of Op.	Case	Consultant	D.O.B.	D.O.D.	Risk
13/01/2006	17070 🔻	Pi, Mr P	16/01/1936	17/01/2006	2.8%
14/01/2006	17119 🔻	Gamma, Mr C	07/02/1917	30/01/2006	48.5%
01/02/2006	17598 🔻	Pi, Mr P	15/03/1930	10/02/2006	20.8%
07/02/2006	17122 🗸	Gamma, Mr C	06/01/1945	08/02/2006	19.3%
20/02/2006	17095 🗸	Tau, Mr T	10/01/1928		99.9%
02/03/2006	17134 🔻	Tau, Mr T	19/06/1925		88.3%
02/03/2006	17184 🔻	Tau, Mr T	05/05/1922		74.3%
04/03/2006	17139 🗸	Pi, Mr P	14/01/1924	05/03/2006	14.6%
04/03/2006	17592 🗸	Pi, Mr P	17/12/1959	14/03/2006	90.3%
05/03/2006	17593 🔻	Pi, Mr P	17/12/1959	14/03/2006	76.9%
Change page: < Pr	ev 1 2 3 4 5 6 7 8 9 10	Next > Displaying page 1	l of 43; items 1 to 10 of 427		

Show Patient Names | Show All

Create New Report



See the whole picture.

Case-mix analysis

PHYSIOLOGICAL SCORE:		65
Age	61 - 70 years	2
Cardiac; CXR	Anti-coagulants, peripheral oedema; borderline cardiomegaly	4
Resp.; CXR	Short of breath at rest; pulmonary fibrosis, consolidation	8
Blood pressure	90 - 99 or 171 or more mmHg	4
Pulse	39 or less, or 121 or more bpm	8
Glasgow coma score	GCS 8 or less	8
Urea	10.1 - 15.0 mmol/litre	4
Sodium	125 or less mmol/litre	8
Potassium	3.5 - 5.0 mmol/l	1
Haemoglobin	9.9 or less, or 18.1 or more g/100ml	8
White cell count	3.1 - 4.0 or 10.1 - 20.0 x10^12/l	2
ECG	91 or more bpm, arrhythmia, >4/min ectopics, ST/T wave changes	8
OPERATIVE SCORE:		23
Severity	Moderate operation	2

oevenity		4
No. of ops	Two operations within 28 days	4
Blood loss	501 - 999 ml	4
Peritoneal soiling	Local pus only	4
Malignancy	No malignancy present	1
Time of op.	6 or less hrs after admission; immediate with resus.	8

Show Patient Details





Root cause analysis

Detailed Complications - by Complication Category / Type

Denver, 01/01/2006 to 31/12/2008.			
)rill Down: 🛛 By Consultant 🐱			
Complication Category / Type	Complications	% of Total	% of Operations
Anastomotic leak / Major 🔻	20	0.7	0.1
Anastomotic leak / Minor 🔻	55	2.0	0.3
Cardio-respiratory / Arrythmia 🔻	47	1.7	0.3
Cardio-respiratory / Cardiac failure 🔻	297	11.0	1.8
Cardio-respiratory / Hypotension 🔻	17	0.6	0.1
Cardio-respiratory / Other cardiac 🔻	1	0.0	0.0
Cardio-respiratory / Other respiratory 🔻	6	0.2	0.0
Cardio-respiratory / Pulm collapse 🔻	37	1.4	0.2
Cardio-respiratory / Respiratory failure 🔻	54	2.0	0.3
Death / Death in hospital 🔻	263	9.8	1.6
Total	2693	100.0	16.2

Show All

Create New Report



See the whole picture.

Quality = positive performance

Mortality Surgical Outlier

WHAT OUTLIERS WOULD YOU LIKE TO IDENTIFY?

Denver, 01/01/2006 to 31/12/2008.

1. Choose Outlier Type

۲	Unexpected Favourable Outcomes (Above Outlier Threshold)	
0	Unexpected Adverse Outcomes (Below Outlier Threshold)	Ī



2. Set Outlier Threshold

CREATE REPORT >

Need Help?

Click the on-screen button to choose the report you would like. (Clicking on one button automatically deselects the other.) Then, set the value of the Outlier Threshold.

Click CREATE REPORT to display the report.

The threshold is the risk of an unfavourable outcome calculated using POSSUM and expressed as a percentage. The higher the number, the greater the risk of an unfavourable outcome.

The report shows all cases that meet the selected criteria.

< BACK to DATES



See the whole picture.

Case study: UK Critical care

Denver, 3 month intervals over a 3 year period, 01/09/2006 to 31/08/2009.

Period	Sep 06 - Nov 06	Dec 06 - Feb 07	Mar 07 - May 07	Jun 07 - Aug 07	Sep 07 - Nov 07	Dec 07 - Feb 08	Mar 08 - May 08	Jun 08 - Aug 08	Sep 08 - Nov 08	Dec 08 - Feb 09	Mar 09 - May 09	Jun 09 - Aug 09
Total	18	12	24	23	14	38	42	22	24	10	0	0
HDU	0	0	0	2 🗸	5 🗸	1 🔻	7 🗸	7 🗸	8 🗸	2 🗸	0	0
ITU	0	0	0	6 🔻	1 🔻	2 🗸	8 🗸	3 🗸	3 🗸	1 🔻	0	0





Period	Jan 06 - Mar 06	Apr 06 - Jun 06	Jul 06 - Sep 06	Oct 06 - Dec 06	Jan 07 - Mar 07	Apr 07 - Jun 07	Jul 07 - Sep 07	Oct 07 - Dec 07	Jan 08 - Mar 08	Apr 08 - Jun 08	Jul 08 - Sep 08	Oct 08 - Dec 08
Total	45	37	21	31	188	175	172	179	168	168	45	0
Fatalities	0	4 🔻	4 🔻	1 🔻	10 🔻	9 🔻	10 🔻	4 🔻	8 🔻	4 🔻	1 🔻	0
Raw %		10.8	19.0	3.2	5.3	5.1	5.8	2.2	4.8	2.4	2.2	
POSSUM O/E Ratio		1.25	2.08	0.84	1.34	1.03	1.15	0.49	0.83	0.76	1.21	







See the whole picture.

Manual data capture

	Operation		Need Help?
UMMARY			
Jnit No.: Patient Name: Date of Birth: Case ID:	S018462 Smith, Elizabeth 03/02/1971 3907		
fortality Risk:	1.1%		
OPERATION DETAILS			
Site	Sand bach		
Admission	• • • • • • • • • • • • • • • • • • • •		
Date of Op.	03/02/1995 🔄 🕐		
Date Discharged			
Consultant	Gamma, Mr C	~	
Specialty	Gastroenterology	♥	
	🗆 HDU 🔲 ITU		
Practice at time of Op.			
	Update		
CODING AND SCORIN	IG		
		Score Data	
Diagnoses	0	Diagnostic Codes	
OPCS Procedures	0	Procedure Codes	
Complications	0	Complication Codes	
		View Report	
		Close	



See the whole picture.

Case-mix scoring

SUMMARY		
Unit No :	8018462	
Patient Name:	Smith, Elizabeth	
Date of Birth:	03/02/1971	
Case ID:	3907	
Mortality Risk:	1.1%	
		_
PHYSIOLOGICAL		
Cardiac; CXR	No cardiac failure; normal chestX Ray	~
Resp.; CXR	No shortage of breath; no chronic obstructive airways dis	~
Blood pressure	Systolic blood pressure between 110 and 130 mmHg	~
Pulse	Pulse between 50 and 80 beats/min	~
Glasgow coma score	15 on the scale	~
Urea	7.5 mmol/litre or less	~
Sodium	136 mmol/litre or more	~
Potassium	Between 3.5 and 5 mmol/litre	~
Haemoglobin	Between 13 and 16 g/100ml	~
White cell count	White cell count between 4.1 and 10 x 10**12	~
ECG	Normal electrocardiogram	~
OPERATIVE		
Operation	Moderate operation	~
Blood loss	100 ml or less of blood lost	~
Peritoneal soiling	Serous fluid only, or blood less than 250 ml	~
Malignancy	No malignancy present	~
Time of op.	Surgery <24 hrs after admission	~

Cancel

Update

If a Physiological value is not available/applicable then select '(Not Known)' from the appropriate list.



See the whole picture.

Predictive risk analysis

PHYSIOLOGICAL SCORE:		65
Age	61 - 70 years	2
Cardiac; CXR	Anti-coagulants, peripheral oedema; borderline cardiomegaly	4
Resp.; CXR	Short of breath at rest; pulmonary fibrosis, consolidation	8
Blood pressure	90 - 99 or 171 or more mmHg	4
Pulse	39 or less, or 121 or more bpm	8
Glasgow coma score	GCS 8 or less	8
Urea	10.1 - 15.0 mmol/litre	4
Sodium	125 or less mmol/litre	8
Potassium	3.5 - 5.0 mmol/l	1
Haemoglobin	9.9 or less, or 18.1 or more g/100ml	8
White cell count	3.1 - 4.0 or 10.1 - 20.0 x10^12/l	2
ECG	91 or more bpm, arrhythmia, >4/min ectopics, ST/T wave changes	8
OPERATIVE SCORE:		23
Severity	Moderate operation	2
No. of ops	Two operations within 28 days	4
Blood loss	501 - 999 ml	4
Peritoneal soiling	Local pus only	4
Malignancy	No malignancy present	1
Time of op.	6 or less hrs after admission; immediate with resus.	8

Show Patient Details

Elective surgery	
Emergency surgery > 6 hrs and < 48 hrs after admission	
Emergency surgery (immediate) <= 6 hrs after admission	1

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	Diagnostic Codes			Need Help?
SUMM Unit No.: Patient N Date of B Case ID: Date of O Mortality I	ARY S018462 ame: Smith, Elizabeth irth: 03/02/1971 3907 peration: 03/02/1995 Risk: 1.1%		Th O cc th Tr of Tr th re	he Diagnostic Codes associated with this peration are shown in top list of Selected odes. One of these is always deemed to be e Primary and is shown at the top of the list. o change the primary code, click on the Code if the required item. o remove an existing Diagnostic Code from e operation, click on the Remove button of th equired item. you know the required code to add to an
SELEC	TED DIAGNOSTIC CODES		O M	peration, enter it in the Diagnostic Code anual Entry text area and press Add.
Code A00 🔺	Description Cholera	Remove V	Yo fo th	ou can search for a code using keywords und within its description by entering them ir e Search within Category text area and ressing Search . You can also browse codes
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CRAB See the whole picture.

Medical care?

Medical outcomes are less obvious / more long term.

Quality ~ Absence of harm



