

Thoracic Surgery Adults Quality Dashboard 2019/20



| Indicator Ref Number | Domain  | Theme            | Measure                                      | Rationale  | Name of Indicator   | Numerator  | Denominator   | Period Type | Frequency | Data Source Numerator                               | Data Source Denominator                             | Target           | Interpretation Guidance | Notes  | Reporting Period |               |               |               |
|----------------------|---|------------------|--|--|---|--|---|-------------|-----------|---|---|------------------|-------------------------|--|------------------|---------------|---------------|---------------|
|                      |   |                  |  |  |   |  |   |             |           |   |   |                  |                         |  | Q1               | Q2            | Q3            | Q4            |
| T501                 | Domain 3: Helping people to recover from episodes of ill health or following injury                     | Clinical Process | MDT  | Multi-Disciplinary meetings bring together the whole team looking after the patient, including Oncologists, Surgeons and Specialist Nurses. This results in joined up decision making, enabling effective decision-making to take place.   | Proportion of lung cancer resection patients discussed at the Multi-Disciplinary Team Meetings (MDT)                        | Of those patients in the denominator, the number of patients discussed at the lung cancer MDT  | The total number of patients undergoing lung cancer resection in the reporting period   | Quarterly   | Quarterly | Provider submitted                                  | Provider submitted                                  | Neutral          | Neutral                 | Denominator - OPCS codes: E54.1, E54.2, E54.3, E54.4, E54.5, E54.6, E54.8, E54.9, E55.4, E44.1, E57.4, E57.8 (primary procedure)   | Apr-19-Jun-19    | Jul-19-Sep-19 | Oct-19-Dec-19 | Jan-20-Mar-20 |
| T502                 | Domain 2: Enhancing quality of life for people with long term conditions                                | Clinical Process | Clinical trials                              | Clinical trials help to shape future treatments and drive continuous improvements to care by adding to the pool of evidence in any given field   | Count of patients undertaking a clinical trial  | The total number of patients taking part in a clinical trial in the reporting period   | N/A   | Quarterly   | Quarterly | Provider submitted                                  | Provider submitted                                  | Higher is better | Higher is better        | Numerator - OPCS codes: E54.1, E54.2, E54.3, E54.4, E54.5, E54.6, E54.8, E54.9, E55.4, E44.1, E57.4, E57.8 (primary procedure)   | Apr-19-Jun-19    | Jul-19-Sep-19 | Oct-19-Dec-19 | Jan-20-Mar-20 |
| T503                 | Domain 5: Treating and caring for people in a safe environment, and protecting them from avoidable harm | Clinical Outcome | Surgical procedures                          | This metric is to find a baseline of activity  | Count of surgical procedures  | The total number of surgical procedures in the reporting period  | N/A   | Quarterly   | Quarterly | Provider submitted (GCS Thoracic Surgical Database) | Provider submitted (GCS Thoracic Surgical Database) | Neutral          | Neutral                 | Include surgery for lung cancer, benign disease and emphysema<br>Numerator - OPCS codes: E54.1, E54.2, E54.3, E54.4, E54.5, E54.6, E54.8, E54.9, E55.4, E44.1, E57.4, E57.8 (primary procedure)  | Apr-19-Jun-19    | Jul-19-Sep-19 | Oct-19-Dec-19 | Jan-20-Mar-20 |
| T504                 | Domain 4: Ensuring that people have a positive experience of care                                       | Clinical Outcome | Surgery cancellations                        | Cancellations to procedures are sometimes unavoidable but cancellation of surgery on the day itself can be an indication of a lack of pre-planning or anticipation of increased demand of certain resources.   | Proportion of patients whose procedure was cancelled on the day of operation  | Of those in the denominator, the number of patients who had their procedure cancelled on the day of operation  | The total number of patients undergoing lung cancer resection in the reporting period   | Quarterly   | Quarterly | Provider submitted                                  | Provider submitted                                  | Lower is better  | Lower is better         | Include all cancellations<br>Denominator - OPCS codes: E54.1, E54.2, E54.3, E54.4, E54.5, E54.6, E54.8, E54.9, E55.4, E44.1, E57.4, E57.8 (primary procedure)  | Apr-19-Jun-19    | Jul-19-Sep-19 | Oct-19-Dec-19 | Jan-20-Mar-20 |
| T505                 | Domain 1: Preventing people from dying prematurely  | Clinical Outcome | Survival rate (1 year)                       | UK cancer survival rates, including lung cancer, have historically been below the European average. One year survival rate can be used as one measure of the quality of the Thoracic surgery service and can be used to track improvements over successive audit periods.  | 1 year survival rate  | Of those in the denominator, the number of patients alive 1 year after surgery   | The total number of patients undergoing lung cancer resection in the reporting period   | Annual      | Annual    | Provider submitted (National Lung Cancer Audit)     | Provider submitted (National Lung Cancer Audit)     | Higher is better | Higher is better        | Denominator - OPCS codes: E54.1, E54.2, E54.3, E54.4, E54.5, E54.6, E54.8, E54.9, E55.4, E44.1, E57.4, E57.8 (primary procedure)   | Apr-19-Mar-20    |               |               |               |
| T506                 | Domain 1: Preventing people from dying prematurely  | Clinical Outcome | Survival rate (5 years)                      | UK cancer survival rates, including lung cancer, have historically been below the European average. Five year survival rate can be used as one measure of the quality of the Thoracic surgery service and can be used to track improvements over successive audit periods.   | 5 year survival rate  | Of those in the denominator, the number of patients alive 5 years after surgery  | The total number of patients undergoing lung cancer resection in the reporting period   | Annual      | Annual    | Provider submitted                                  | Provider submitted                                  | Higher is better | Higher is better        | Denominator - OPCS codes: E54.1, E54.2, E54.3, E54.4, E54.5, E54.6, E54.8, E54.9, E55.4, E44.1, E57.4, E57.8 (primary procedure)   | Apr-19-Mar-20    |               |               |               |
| T507                 | Domain 1: Preventing people from dying prematurely  | Clinical Outcome | Post-surgical mortality rate (90 days)       | 90 day post-surgical mortality rates are one measure of the quality of the Thoracic Surgery service.   | 90 day mortality rate post surgery  | Of those in the denominator, the number of patients who died within 90 days of surgery   | The total number of patients undergoing lung cancer resection in the reporting period   | Annual      | Annual    | Provider submitted (National Lung Cancer Audit)     | Provider submitted (National Lung Cancer Audit)     | Lower is better  | Lower is better         | Denominator - OPCS codes: E54.1, E54.2, E54.3, E54.4, E54.5, E54.6, E54.8, E54.9, E55.4, E44.1, E57.4, E57.8 (primary procedure)   | Apr-19-Mar-20    |               |               |               |
| T508                 | Domain 1: Preventing people from dying prematurely  | Clinical Outcome | Post-surgical mortality rate (90 days)       | 90 day mortality rates are one measure of the quality of the Thoracic Surgery service.   | 90 day mortality rate post surgery  | Of those in the denominator, the number of patients who died within 90 days of surgery   | The total number of patients undergoing lung cancer resection in the reporting period   | Annual      | Annual    | Provider submitted (National Lung Cancer Audit)     | Provider submitted (National Lung Cancer Audit)     | Lower is better  | Lower is better         | Denominator - OPCS codes: E54.1, E54.2, E54.3, E54.4, E54.5, E54.6, E54.8, E54.9, E55.4, E44.1, E57.4, E57.8 (primary procedure)   | Apr-19-Mar-20    |               |               |               |
| T509                 | Domain 1: Preventing people from dying prematurely  | Clinical Outcome | Resection rate for stage 1 and stage 2 NSCLC | It has been postulated that higher resection rates in Europe and the USA has contributed to their higher lung cancer survival rates. Stage 1 and 2 non-small cell lung cancers are the most amenable to surgery.   | Proportion of patients undergoing surgical resection for histologically confirmed Stage 1 and 2 non-small cell lung cancers | Of those patients in the denominator, the number who underwent surgical resection  | The total number of patients diagnosed with histologically confirmed Stage 1 and 2 non-small cell lung cancer in the reporting period | Annual      | Annual    | Provider submitted (National Lung Cancer Audit)     | Provider submitted (National Lung Cancer Audit)     | Higher is better | Higher is better        | Numerator - OPCS codes: E54.1, E54.2, E54.3, E54.4, E54.5, E54.6, E54.8, E54.9, E55.4, E44.1, E57.4, E57.8 (primary procedure)<br>Denominator - ICD code: C34.9  | Apr-19-Mar-20    |               |               |               |
| T510                 | Domain 1: Preventing people from dying prematurely  | Clinical Outcome | Sampling of mediastinal nodal stations       | Sampling of mediastinal nodal stations is essential in the staging of disease for patients undergoing thoracic surgery for lung cancer. It allows confirmation that a complete resection of all malignant tissue is possible and enables accurate determination of the extent of primary resection required, thus minimising sacrifice of functioning lung parenchyma. | Proportion of patients in whom 3 separate mediastinal nodal stations are sampled  | Of those in the denominator, the number of patients in whom 3 separate mediastinal nodal stations are sampled  | The total number of patients undergoing lung cancer resection in the reporting period   | Quarterly   | Quarterly | Provider submitted                                  | Provider submitted                                  | Higher is better | Higher is better        | Should be available from standard pathological report but may not be routinely recorded.<br>Denominator - OPCS codes: E54.1, E54.2, E54.3, E54.4, E54.5, E54.6, E54.8, E54.9, E55.4, E44.1, E57.4, E57.8 (primary procedure)   | Apr-19-Jun-19    | Jul-19-Sep-19 | Oct-19-Dec-19 | Jan-20-Mar-20 |
| T511                 | Domain 1: Preventing people from dying prematurely  | Clinical Outcome | Return to theatre                            | Return to theatre is usually performed for a complication of surgery and therefore may reflect on the quality of surgery   | Proportion of patients who returned to theatre  | Of those patients in the denominator, the number who returned to theatre   | The total number of patients undergoing lung cancer resection in the reporting period   | Quarterly   | Quarterly | Provider submitted                                  | Provider submitted                                  | Lower is better  | Lower is better         | Numerator - Exclude return for bronchoscopy, tracheostomy, endoscopy or drain insertion<br>Include return for major surgery only<br>Denominator - OPCS codes: E54.1, E54.2, E54.3, E54.4, E54.5, E54.6, E54.8, E54.9, E55.4, E44.1, E57.4, E57.8 (primary procedure) | Apr-19-Jun-19    | Jul-19-Sep-19 | Oct-19-Dec-19 | Jan-20-Mar-20 |
| T512                 | Domain 1: Preventing people from dying prematurely  | Clinical Outcome | ITU readmission                              | If a patient is readmitted to ITU after being transferred back to a ward then this may be an indication of issues in the care pathway and post operative care.   | Proportion of patients readmitted to ITU following initial lung cancer resection  | Of those patients in the denominator, the number who were readmitted to ITU  | The total number of patients undergoing lung cancer resection in the reporting period   | Quarterly   | Quarterly | Provider submitted                                  | Provider submitted                                  | Lower is better  | Lower is better         | Denominator - OPCS codes: E54.1, E54.2, E54.3, E54.4, E54.5, E54.6, E54.8, E54.9, E55.4, E44.1, E57.4, E57.8 (primary procedure)   | Apr-19-Jun-19    | Jul-19-Sep-19 | Oct-19-Dec-19 | Jan-20-Mar-20 |
| T513                 | Domain 1: Preventing people from dying prematurely  | Clinical Outcome | Ventilation post surgery                     | bc   | Proportion of patients requiring ventilation following initial lung cancer resection  | Of those patients in the denominator, the number who required ventilation post surgery   | The total number of patients undergoing lung cancer resection in the reporting period   | Quarterly   | Quarterly | Provider submitted                                  | Provider submitted                                  | Lower is better  | Lower is better         | Denominator - OPCS codes: E54.1, E54.2, E54.3, E54.4, E54.5, E54.6, E54.8, E54.9, E55.4, E44.1, E57.4, E57.8 (primary procedure)   | Apr-19-Jun-19    | Jul-19-Sep-19 | Oct-19-Dec-19 | Jan-20-Mar-20 |
| T514                 | Domain 3: Helping people to recover from episodes of ill health or following injury                     | Clinical Outcome | Post-surgical length of stay (LOS)           | A longer stay in hospital following surgery would suggest slower rates of post-operative recovery.   | Average post surgical length of stay  | For those patients in the denominator, the sum total of days spent in hospital following surgery (from day of surgery to day of discharge) in the reporting period | The total number of patients undergoing lung cancer resection in the reporting period   | Quarterly   | Quarterly | Provider submitted                                  | Provider submitted                                  | Lower is better  | Lower is better         | If necessary, please provide any comment to clarify any longer than expected stays.<br>Denominator - OPCS codes: E54.1, E54.2, E54.3, E54.4, E54.5, E54.6, E54.8, E54.9, E55.4, E44.1, E57.4, E57.8 (primary procedure)  | Apr-19-Jun-19    | Jul-19-Sep-19 | Oct-19-Dec-19 | Jan-20-Mar-20 |
| T515                 | Domain 3: Helping people to recover from episodes of ill health or following injury                     | Clinical Process | CNS input                                    | Service specification states that lung cancer nurse specialist support should be available in thoracic surgical clinics and wards, and thoracic nurse specialist support should be available in all areas.   | Proportion of patients seen by a Clinical Nurse Specialist (CNS)  | Of those patients in the denominator, the number seen by a CNS   | The total number of patients undergoing lung cancer resection in the reporting period   | Quarterly   | Quarterly | Provider submitted                                  | Provider submitted                                  |                  |                         | Denominator - OPCS codes: E54.1, E54.2, E54.3, E54.4, E54.5, E54.6, E54.8, E54.9, E55.4, E44.1, E57.4, E57.8 (primary procedure)   | Apr-19-Jun-19    | Jul-19-Sep-19 | Oct-19-Dec-19 | Jan-20-Mar-20 |

Data collection has been approved by the Review of Central Returns - ROCR ROCR/CR/23/01/16/AVE