



Background

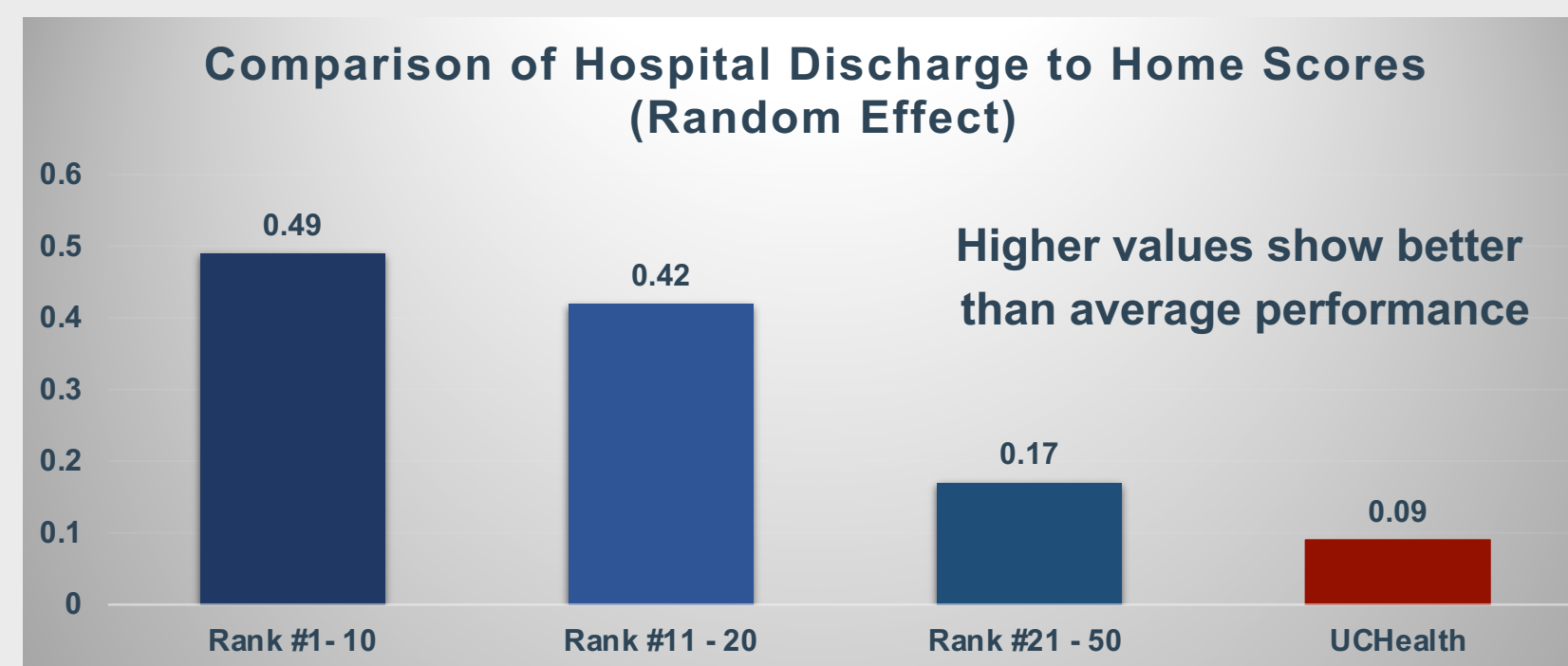
- UCHealth USNWR Gynecology Ranking dropped from #37 in 2019 to #97 (unranked) in 2021
- Key areas for improvement:
 - 30-day Survival
 - Discharge to Home
 - Expert Opinion
- Institution is addressing 30-Day Survival
- Aim is to increase Gynecology ranking to top 20 in three years by improving ratings for:
 - Discharge to Home
 - Expert Opinion

Methods

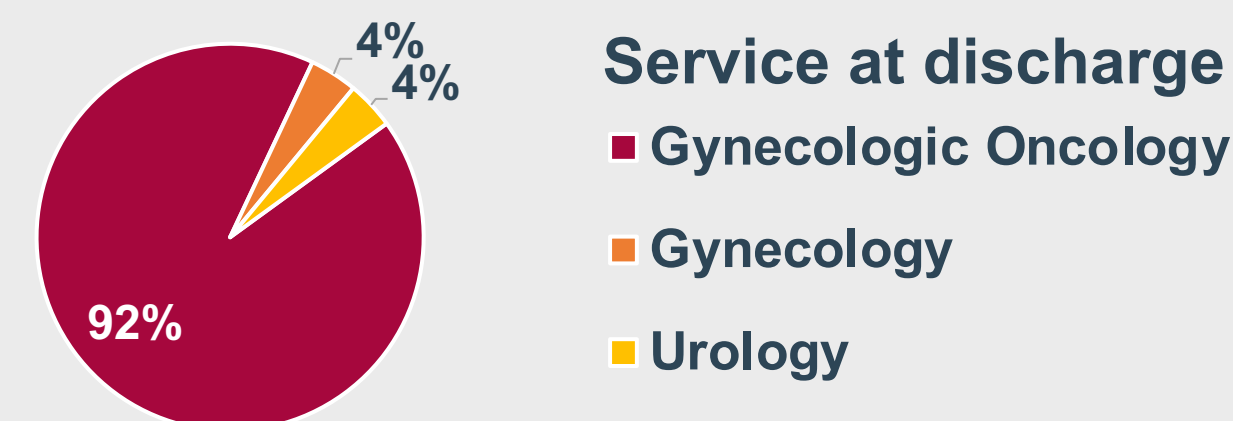
- Identified institutional stakeholders
- Reviewed 2021 metrics:
 - USNWR scoring methodology and weighting
 - Hospital Vizient data
 - Individual patient records to identify factors affecting *Discharge to Home*
 - Measures affecting *Expert Opinion*
- UCHealth implemented a new method to address *Expert Opinion*
- Focused efforts on *Discharge to Home*

Results

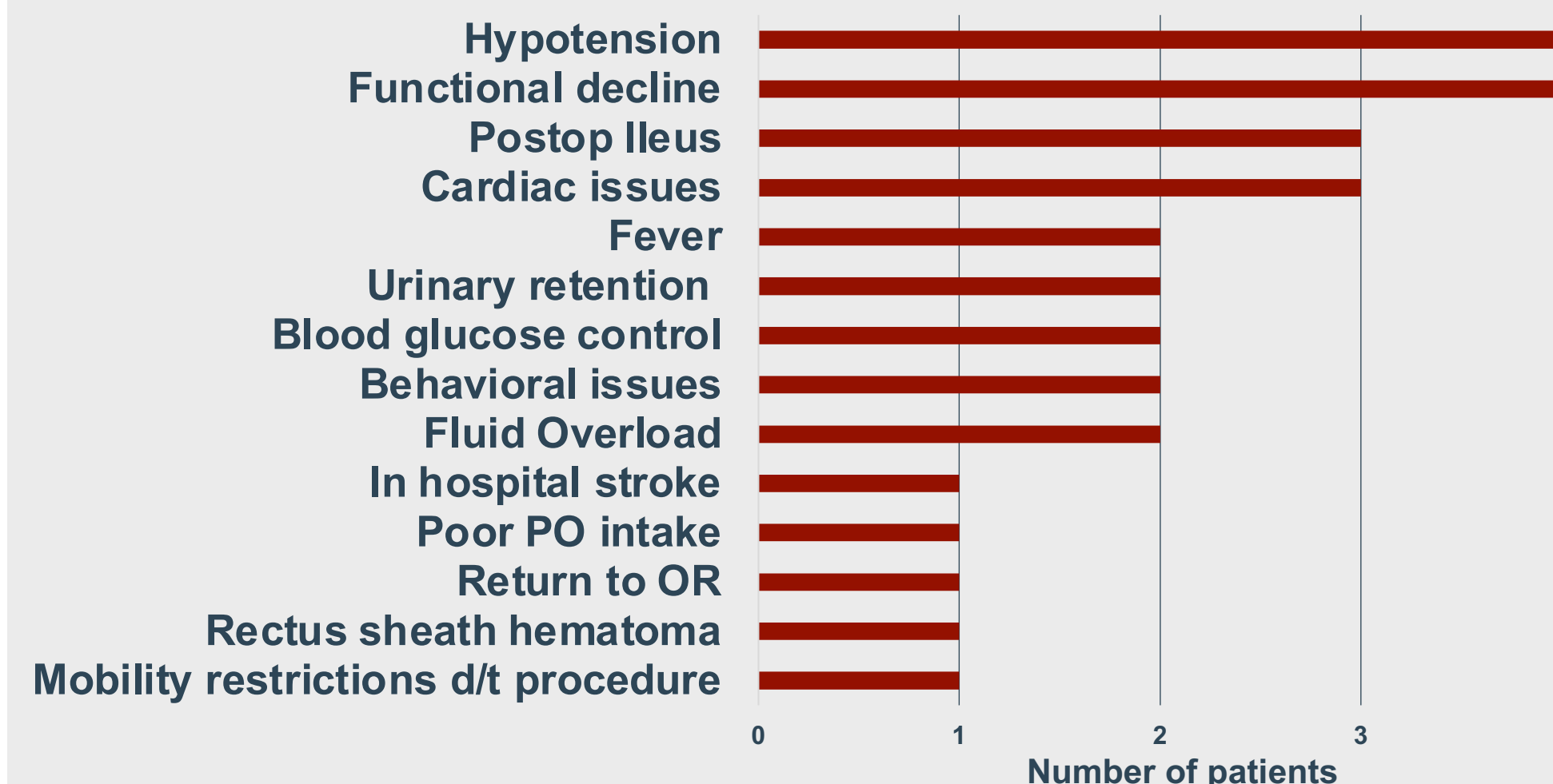
- USNWR *Discharge to Home* Metric:
 - Patients ≥ 65 years
 - Medicare
 - Excludes skill nursing facility admissions & hospice
- 27 of 244 patients were not discharged to home
 - Patients not discharged home → rehabilitation centers



Prehabilitation programs noted at top 5 ranked institutions



In hospital complications

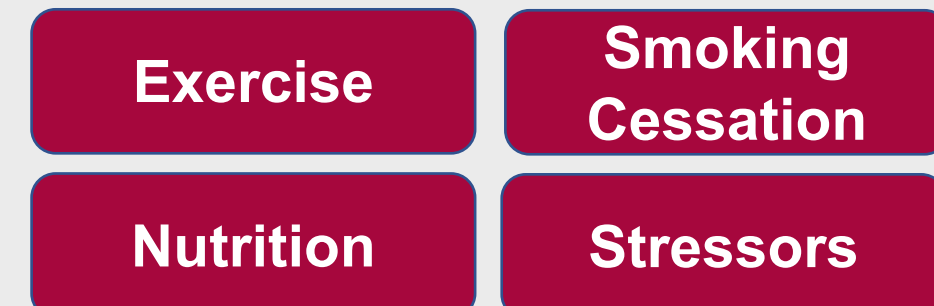


References:

- ¹ Cancer prehabilitation and its role in improving health outcomes and reducing health care costs. Silver J et al. <https://www.newswise.com/articles/american-college-of-surgeons-recently-released-four-new-checklists-for-its-strong-for-surgery-program>

Discussion

- Gynecologic Oncology patients are at greatest risk of being discharged to rehabilitation after surgery
- Functional decline identified as a primary factor affecting *Discharge to Home*
- Prehabilitation services identified at top 5 Gynecology institutions rated *Excellent for Discharge to Home*
- Prehabilitation services are an emerging aspect of national perioperative care standards¹



- Services covered by insurance providers
- Championed by the American College of Surgeons' Strong for Surgery program²

Future Steps

- Develop multi-disciplinary team
 - Investigate potential impact of prehabilitation on UHealth Gynecology outcomes
 - Implement services across surgical services
- Desired outcomes
 - Improve patient outcomes
 - Increase referrals
 - Recruit top-ranked faculty

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Abstract: 2022 ELAM Institution Action Plan Project

Project Title: Improving UCHealth University of Colorado Hospital US News and World Report (USNWR) Gynecology Ranking for Best Hospitals

Name and Institution: Leslie C. Appiah, UCHealth University of Colorado Hospital

Mentors: Dean John Reilly, Jr., Dr. Nanette Santoro, Dr. Judy Regensteiner

Primary Mission Area: Clinical - Quality Improvement

Background and Significance: In 2018, UCHealth University of Colorado Hospital was ranked #31 among 250 hospitals in USNWR for Best Hospitals in Gynecology. However, ranking dropped to #98 (unranked) in 2021. The three USNWR ranking categories are 1) Outcomes and Experience, 2) Structure (Key Programs, Services and Staff), and 3) Professional Recognition. UCHealth continues to rank highly in Structure, but performance decreased in Professional Recognition and Outcomes and Experience. Specifically, UCHealth received an Average rating for *30-day Survival*, *Discharge to Home*, and *Expert Opinion*, and Above Average for *Patient Experience*. Improving these measures will improve clinical outcomes, enhance the patient experience, and increase regional reputation.

Objective: The objective of this project is to increase UCHealth USNWR Gynecology ranking to the top 20 in three years. UCHealth leadership has identified *30-day Survival* as an institutional area of focus given the multiple factors affecting this measure. Therefore, we elected to address: a) *Discharge to Home* and b) *Expert Opinion*. We anticipate a secondary improvement in *Patient Experience* with improvement in *Discharge to Home*.

Methods: We (a) identified institutional stakeholders and reviewed (b) Vizient and USNWR scoring methodology and weighting, (c) individual patient records to identify factors affecting discharge to home, (d) and measures affecting expert opinion. We focused initial efforts on *Discharge to Home* as the institution recently implemented a new method to address *Expert Opinion*.

Results: Services evaluated as “Gynecology” include Benign Gynecology, Gynecologic Oncology, and Urogynecology. The primary factor affecting *Discharge to Home* in 2021 was functional decline. Gynecologic Oncology patients undergoing non-emergent surgery comprised 93% of patients not discharged to home. Length of stay index was 1.79 (target 0.98) and all patients were discharged to skilled nursing facilities. We researched oncologic perioperative measures employed by the top five health systems. We identified availability of prehabilitation (pre-surgery physical rehabilitation) services at all five institutions, with only one not designated Excellent for *Discharge to Home*. The UCHealth BFitBWell program provides rehabilitation services for cancer survivors but is not yet integrated into pre-surgical care.

Conclusion and Potential Impact: USNWR rankings are comprised of many measures which take several years to change. *Discharge to Home* was one of our lowest ranked measures. Although USNWR assesses all Gynecology services, we identified that Gynecologic Oncology patients were at greatest risk of not being discharged to home after a surgical admission. Prehabilitation services are a new component of perioperative care championed by the American College of Surgeons' Strong for Surgery program. We identified prehabilitation services at top-ranked institutions, which may affect *Discharge to Home* ratings. As next steps, we will investigate how prehabilitation may impact UCHealth Gynecology and other surgical services. Improving this measure may improve patient outcomes, increase referrals, and enhance our ability to recruit top-ranked faculty.