



M·TQIP

Individual Site Summary Report

November 1, 2016 through January 31, 2019

Issued May 8, 2019

Contents

Description of Cohorts	2
Statistical Methods	9
Mortality Graphs.....	10
Trends	21
Outcomes	22
Resource Utilization	30
System Efficiency	36
Process Measures	39
CQI Performance Index.....	41
Isolated Hip Fracture.....	48

Description of Cohorts

Cohort 1 (All)

- 1) Mechanism = Blunt or penetrating
- 2) Age \geq 18, Age \geq 16 starting 1/1/13
- 3) ISS \geq 5
- 4) Hospital LOS \geq 1 day or dead

Cohort 1 (All) w/o DOA's

- 1) Mechanism = Blunt or penetrating
- 2) Age \geq 18, Age \geq 16 starting 1/1/13
- 3) ISS \geq 5
- 4) Hospital LOS \geq 1 day or dead
- 5) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)

Cohort 2 (Admit trauma)

- 1) Mechanism = Blunt or penetrating
- 2) Age \geq 18, Age \geq 16 starting 1/1/13
- 3) ISS \geq 5
- 4) Hospital LOS \geq 1 day or dead
- 5) Admit to trauma service if ED disposition not death

Cohort 2 (Admit trauma) w/o DOA's

- 1) Mechanism = Blunt or penetrating
- 2) Age \geq 18, Age \geq 16 starting 1/1/13
- 3) ISS \geq 5
- 4) Hospital LOS \geq 1 day or dead
- 5) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)
- 6) Admit to trauma service if ED disposition not death

Cohort 3 (Blunt Multi-System)

- 1) Mechanism = Blunt
- 2) Age \geq 18, Age \geq 16 starting 1/1/13
- 3) ISS \geq 5
- 4) Hospital LOS \geq 1 day or dead
- 5) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)
- 6) AIS \geq 3 in at least two of the following body regions: head/neck, face, chest, abdomen, extremities, or external.

Cohort 4 (Blunt Single-System)

- 1) Mechanism = Blunt
- 2) Age \geq 18, Age \geq 16 starting 1/1/13
- 3) ISS \geq 5
- 4) Hospital LOS \geq 1 day or dead

- 5) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)
- 6) AIS ≥ 3 limited to only one body region with all other body regions having a maximum AIS ≤ 2 in the following body regions: head/neck, face, chest, abdomen, extremities, or external.

Cohort 5 (Penetrating)

- 1) Mechanism = Penetrating
- 2) Age ≥ 18 , Age ≥ 16 starting 1/1/13
- 3) ISS ≥ 5
- 4) Hospital LOS ≥ 1 day or dead
- 5) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)

Cohort 6 (Admit non-trauma Service)

- 1) Mechanism = Blunt or Penetrating
- 2) Age ≥ 18 , Age ≥ 16 starting 1/1/13
- 3) ISS ≥ 5
- 4) Hospital LOS ≥ 1 day or dead
- 5) Admit to non-trauma service if ED disposition not death
- 6) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)

Cohort 7 (Benchmark)

- 1) Age ≥ 16
- 2) ISS ≥ 9
- 3) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)
- 4) Exclude patients who were transferred out
- 5) Exclude patients discharged directly from the ED alive
- 6) Exclude patients with an advanced directive limiting care present prior to injury
- 7) Exclude patients who sustain a hip fracture and fall and age ≥ 65

Note: this benchmark may not match your national benchmark report exactly. The MTQIP uses AIS 2005. The national benchmark uses ICD-9 with crosswalk to AIS 1998.

Cohort 8 (Isolated Hip Fracture)

- 1) Mechanism derived from external cause code = Fall
- 2) Injury codes
 - a. AIS code =
 - i. 851810 (femur fracture intertrochanteric)
 - ii. 851812 (femur fracture neck)
 - iii. 851818 (femur fracture subtrochanteric)
 - iv. 853111 (proximal femur fracture NFS)
 - v. 853112 (proximal femur fracture open NFS)
 - vi. 853151 (proximal femur fracture trochanteric; intertrochanteric)
 - vii. 853152 (proximal femur fracture trochanteric; intertrochanteric open)
 - viii. 853161 (proximal femur fracture femoral neck)

- ix. 853162 (proximal femur fracture femoral neck open)
 - x. 853171 (proximal femur fracture femoral neck)
 - xi. 853172 (proximal femur fracture femoral neck open)
- b. ICD-9 code =
- i. 820.22 (closed fracture of subtrochanteric section of neck of femur)
 - ii. 820.32 (open fracture of subtrochanteric section of neck of femur)
- c. ICD-10 code =
- i. S72.21XA (Displaced subtrochanteric fracture of right femur, initial encounter for closed fracture)
 - ii. S72.21XB (Displaced subtrochanteric fracture of right femur, initial encounter for open fracture type I or II)
 - iii. S72.21XC (Displaced subtrochanteric fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC)
 - iv. S72.22XA (Displaced subtrochanteric fracture of left femur, initial encounter for closed fracture)
 - v. S72.22XB (Displaced subtrochanteric fracture of left femur, initial encounter for open fracture type I or II)
 - vi. S72.22XC (Displaced subtrochanteric fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC)
 - vii. S72.23XA (Displaced subtrochanteric fracture of unspecified femur, initial encounter for closed fracture)
 - viii. S72.23XB (Displaced subtrochanteric fracture of unspecified femur, initial encounter for open fracture type I or II)
 - ix. S72.23XC (Displaced subtrochanteric fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC)
 - x. S72.24XA (Nondisplaced subtrochanteric fracture of right femur, initial encounter for closed fracture)
 - xi. S72.24XB (Nondisplaced subtrochanteric fracture of right femur, initial encounter for open fracture type I or II)
 - xii. S72.24XC (Nondisplaced subtrochanteric fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC)
 - xiii. S72.25XA (Nondisplaced subtrochanteric fracture of left femur, initial encounter for closed fracture)
 - xiv. S72.25XB (Nondisplaced subtrochanteric fracture of left femur, initial encounter for open fracture type I or II)
 - xv. S72.25XC (Nondisplaced subtrochanteric fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC)
 - xvi. S72.26XA (Nondisplaced subtrochanteric fracture of unspecified femur, initial encounter for closed fracture)
 - xvii. S72.26XB (Nondisplaced subtrochanteric fracture of unspecified femur, initial encounter for open fracture type I or II)
 - xviii. S72.26XC (Nondisplaced subtrochanteric fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC)
- 3) All other injuries must be in AIS external body region (i.e., bruise, abrasion or laceration)

Mortality or Hospice

- 1) Mechanism = Blunt or penetrating
- 2) Age \geq 18, Age \geq 16 starting 1/1/13
- 3) ISS \geq 5
- 4) Hospital LOS \geq 1 day or dead
- 5) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)
- 6) Outcome is dead or discharge to hospice

ISS > 35 Mortality

- 1) Mechanism = Blunt or penetrating
- 2) Age \geq 18, Age \geq 16 starting 1/1/13
- 3) ISS > 35
- 4) Hospital LOS \geq 1 day or dead
- 5) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)

Age < 65 Mortality

- 1) Mechanism = Blunt or penetrating
- 2) Age \geq 18, Age \geq 16 starting 1/1/13 and Age < 65
- 3) ISS \geq 5
- 4) Hospital LOS \geq 1 day or dead
- 5) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)

Age \geq 65 Mortality

- 1) Mechanism = Blunt or penetrating
- 2) Age \geq 65
- 3) ISS \geq 5
- 4) Hospital LOS \geq 1 day or dead
- 5) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)

Mortality Trend

- 1) Cohort 2
- 2) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)

Complications Trend

- 1) Cohort 2
- 2) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)

Complications

- 1) Cohort 2 w/o DOA's
- 2) Complication severity grade 1
 - a. Definition: Non-life-threatening complications

- b. Complications: superficial SSI, wound disruption, deep SSI, catheter-related bloodstream infection, catheter-associated urinary tract infection, organ/space SSI, drug or alcohol withdrawal syndrome, osteomyelitis
- 3) Complication severity grade 2
 - a. Definition: Potentially life-threatening complications
 - b. Complications: admission to ICU, pneumonia, unplanned return to OR, DVT, decubitus ulcer, C. difficile colitis, pulmonary embolism, enterocutaneous fistula, extremity compartment syndrome
- 4) Complication severity grade 3
 - a. Definition: Life-threatening complications with residual or lasting disability or mortality
 - b. Complications: cardiac arrest with CPR, acute kidney injury, ARDS, myocardial infarction, unplanned intubation, stroke/CVA, severe sepsis, acute renal insufficiency, mortality
- 5) Specific complication groups
 - a. Any complication = Grade 1 + Grade 2 + Grade 3 (excluding death)
 - b. Serious = Grade 2 + Grade 3 (excluding death)
 - c. Cardiac/Stroke = stroke/CVA, cardiac arrest requiring CPR, myocardial infarction
 - d. Pneumonia = pneumonia
 - e. DVT/Pulmonary Embolus = DVT lower extremity, DVT upper extremity, pulmonary embolism
 - f. UTI = urinary tract infection
 - g. Renal Failure = acute kidney injury
 - h. Sepsis = sepsis
 - i. C. Difficile Colitis = C. diff

Failure to Rescue

- 1) Mechanism = Blunt or penetrating
- 2) Age \geq 18, Age \geq 16 starting 1/1/13
- 3) ISS \geq 5
- 4) Hospital LOS \geq 1 day or dead
- 5) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)
- 6) Admit to trauma service if ED disposition not death
- 7) Exclude patients who did not have a severity grade 2 or 3 complication
- 8) Failure to rescue = n dead with complication / n with complication

Note: A patient can have four possible combinations: dead/no complication, dead/complication, alive/no complication, or alive/complication. Failure to rescue is the percent of patients with an identified complication who go on to die.

Unplanned Return to OR

- 1) Cohort 2
- 2) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)
- 3) Unplanned return to OR = Y

Unplanned Return to ICU

- 1) Cohort 2
- 2) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)
- 3) Unplanned return to ICU = Y

Hospital Length of Stay

- 1) Cohort 2
- 2) Exclude all deaths

Intensive Care Unit Length of Stay

- 1) Cohort 2
- 2) Exclude all deaths
- 3) Exclude all patients with ICU LOS < 1

Patients Admitted to ICU

- 1) Cohort 1
- 2) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)
- 3) ICU days > 0

Mechanical Ventilator Days

- 1) Cohort 2
- 2) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)
- 3) Exclude all patients with Mechanical Ventilator Days < 1

VAP

- 1) Cohort 2
- 2) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)
- 3) Exclude patients with Mechanical Ventilator Days < 1

Patients on Ventilator

- 1) Cohort 1
- 2) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)
- 3) Mechanical Ventilator days > 0

IVC Filter

- 1) Cohort 1
- 2) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)
- 3) Op Code 38.7, 06H00DZ, 06H03DZ, 06H04DZ, 06V03DZ, or 06V03ZZ

VTE

- 1) Cohort 2
- 2) Patients who received heparin, LMWH, or no VTE prophylaxis from ED admit date and time
- 3) Exclude all patients who arrived in ED prior to 1/1/12
- 4) Exclude patient who were DOA
- 5) Exclude patients who died in ED
- 6) Exclude patients who received direct thrombin inhibitor, oral Xa inhibitor, Coumadin, or other

ICP Monitor and/or Brain Operation

- 1) Cohort 1
- 2) Mechanism = Blunt
- 3) AIS Head ≥ 1 , excluding vascular, scalp, and bony injuries
- 4) Exclude if TBI GCS > 8
- 5) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)
- 6) Exclude patients who were transferred late (Direct admit)

Blood

- 1) Cohort 1
- 2) PRBC 4 hours ≥ 5 units




Hemorrhage Control Angiography/Operation

- 1) Cohort 1
- 2) Lowest systolic BP ≤ 90 in ED
- 3) Exclude if first angiography/operation < 0 or > 24 hours

No Signs of Life

- 1) Patients will be designated as having arrived at the ED with “no signs of life” if they meet one of the following criteria and die in the ED
- 2) ED SBP 0, HR 0, and GCS 3
- 3) ED SBP 0, HR 0, and mGCS 1
- 4) ED SBP = NK/NR, HR 0, and mGCS 1
- 5) ED SBP 0, HR 0, and mGCS = NK/NR
- 6) ED SBP 0, HR = NK/NR, and mGCS 1
- 7) ED SBP = NK/NR, HR 0, and mGCS = NK/NR

Legend

-  Low-outlier status (better performance)
-  Non-outlier status (average performance)
-  High-outlier status (worse performance)

Statistical Methods

We performed risk and reliability adjustment using a two-stage approach. Multivariate logistic regression modeling was used to account for differences in baseline characteristics and injury severity, thereby allowing for risk-adjustment at the patient level. Potential predictors of for the outcome of interest were entered into the model. A logit equation was derived based on the significant co-variables using forward selection. Separate models for each outcome were constructed and the order of variable entry was determined by the c-index which measures the ability of a parameter to discriminate outcome. Reliability adjustment used a Bayesian random effects model to account for sample size differences between hospitals. Logit equations resulting from second stage models were used to calculate expected outcome risk. Adjusted rates for each hospital were calculated by multiplying the rate ratio of observed to expected events by the overall collaborative rate

In some instances, specific incidents had missing values for potentially important co-variables (Glasgow Coma Scale (GCS) motor score, systolic blood pressure, and pulse rate). These attributes were identified and managed via the creation an indicator variable where applicable. The final model and analysis included all of the incidents that met MTQIP entry criteria for the cohort being examined.

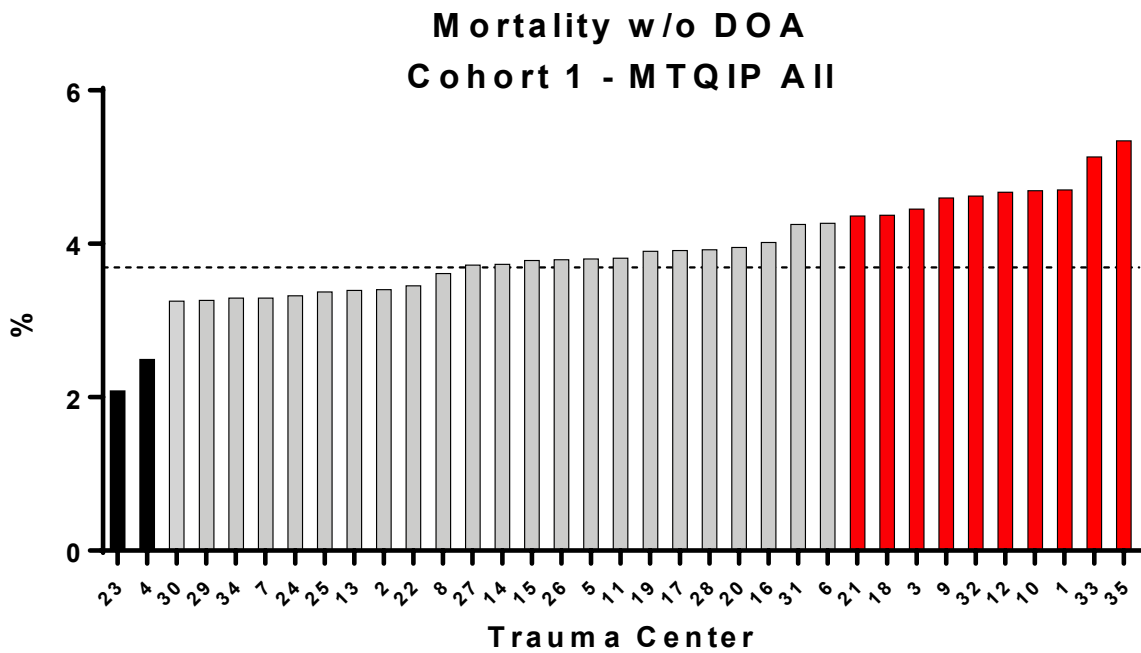
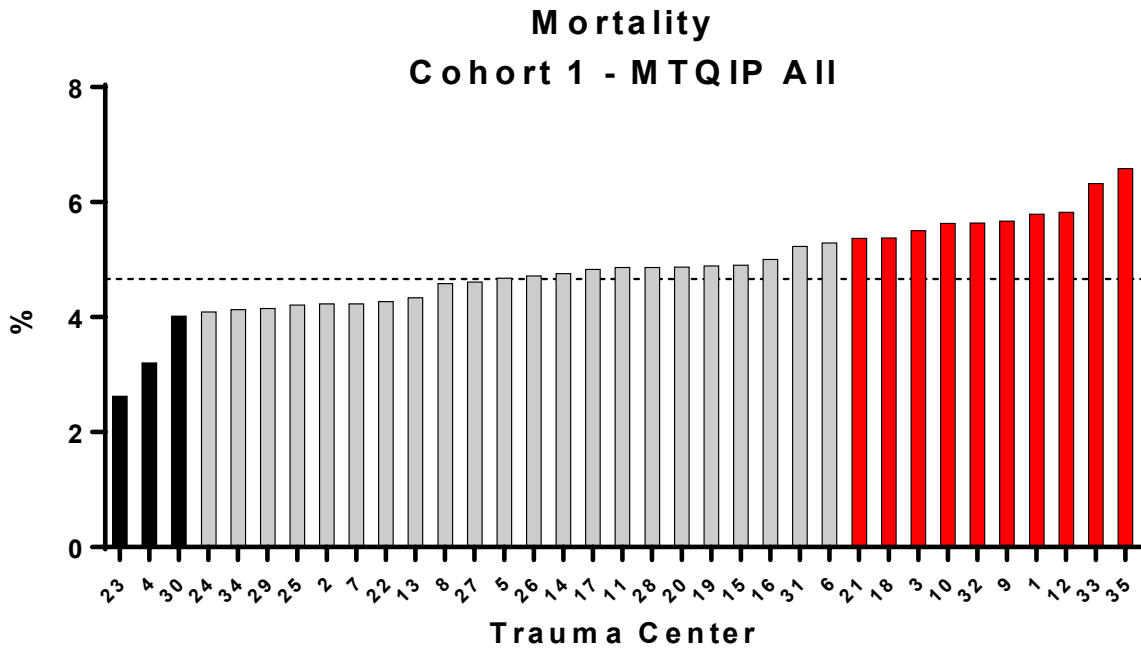
Continuous data exhibiting a right-skewed distribution such as hospital length of stay was natural log-transformed. Multivariate analysis of hospital length of stay, intensive care unit length of stay, and mechanical ventilator days was performed using multiple linear regression and adjusting for significant co-variables. After the regression analysis was conducted the generated coefficient from the regression model was exponentiated to determine the percent increase or decrease in length of stay relative to the risk adjusted mean. Only patients who survived were considered in the hospital and ICU length of stay analysis to simplify this approach. To be included in the ICU length of stay or mechanical ventilator days' analysis, a patient had to have at least one day of use for the resource being investigated.

Eligible = N - Alive w/o intervention - Dead and monitor withheld for reason

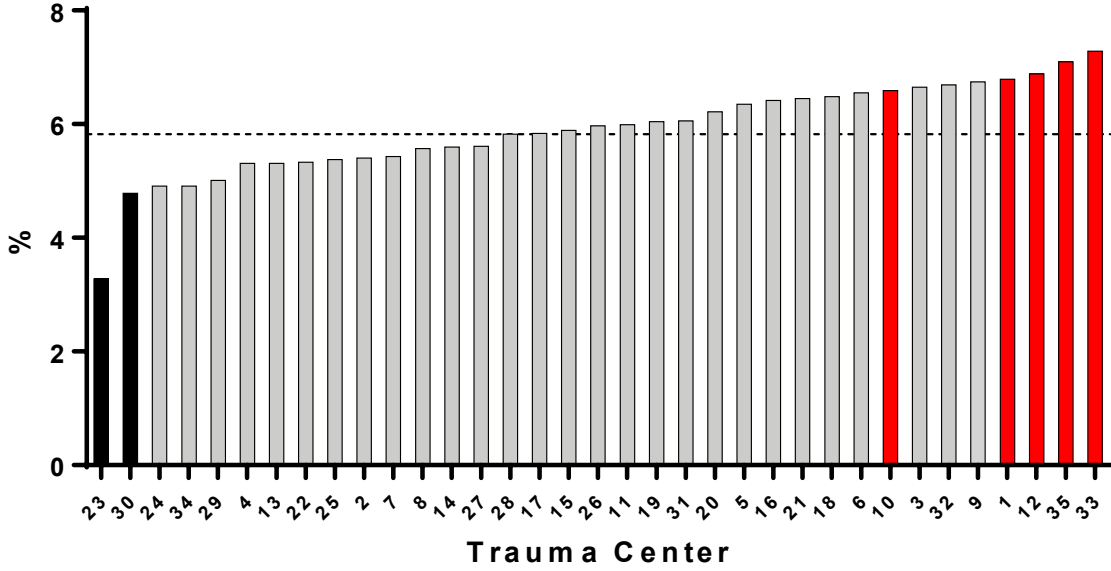
Eligible and no intervention = N - Alive w/o intervention - Alive with intervention - Dead with intervention - Dead and monitor withheld for reason

Timely = Monitor placement or operation \leq 8 hours after ED arrival

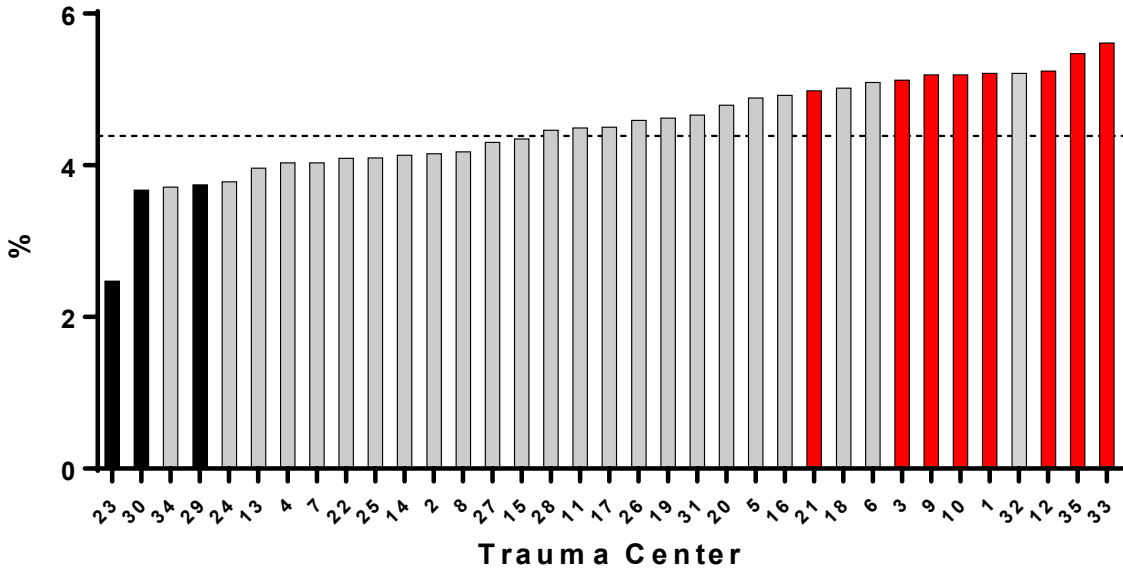
Mortality Graphs



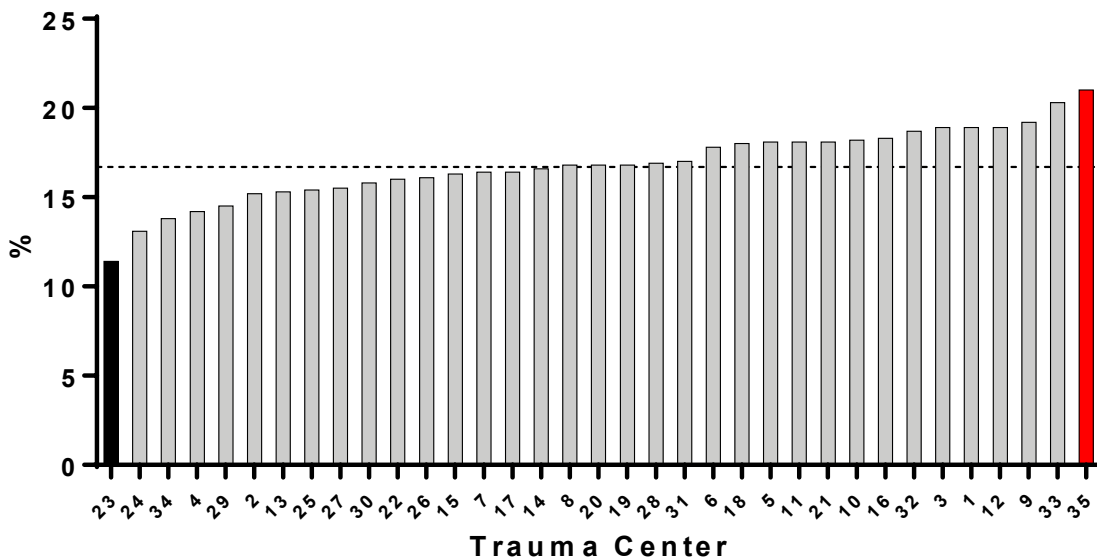
Mortality
Cohort 2 - Admit to Trauma



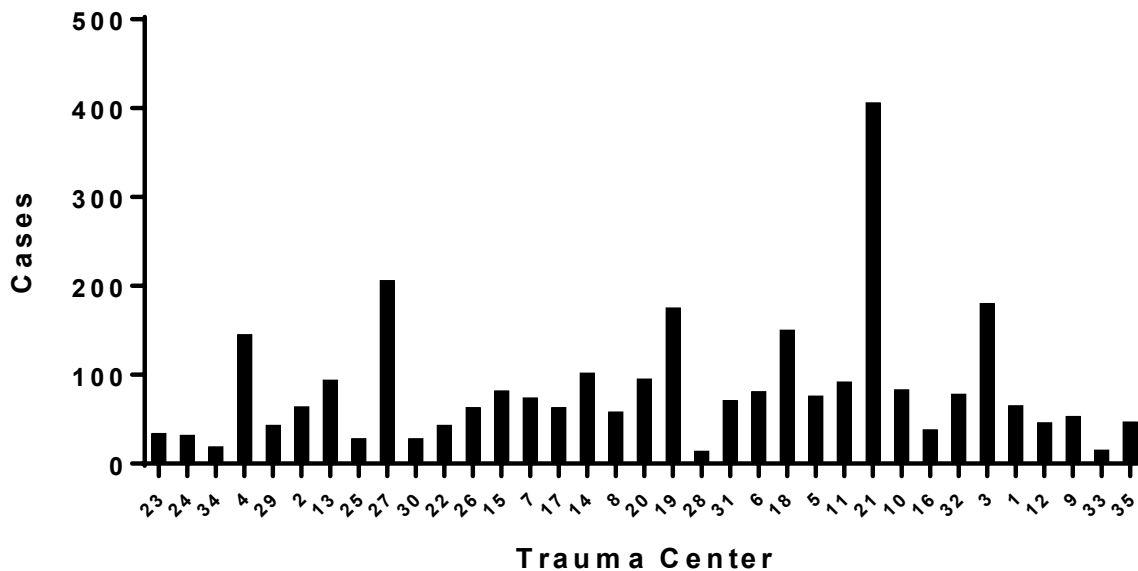
Mortality w/o DOA
Cohort 2 - Admit to Trauma



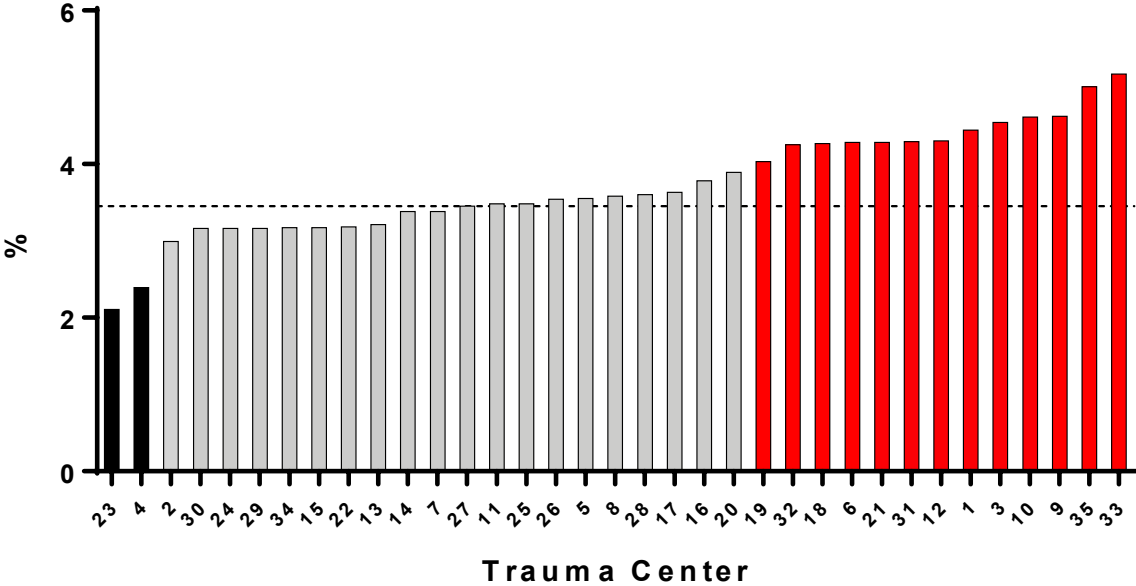
**Mortality w/o DOA
Cohort 3 - Blunt Multi-System**



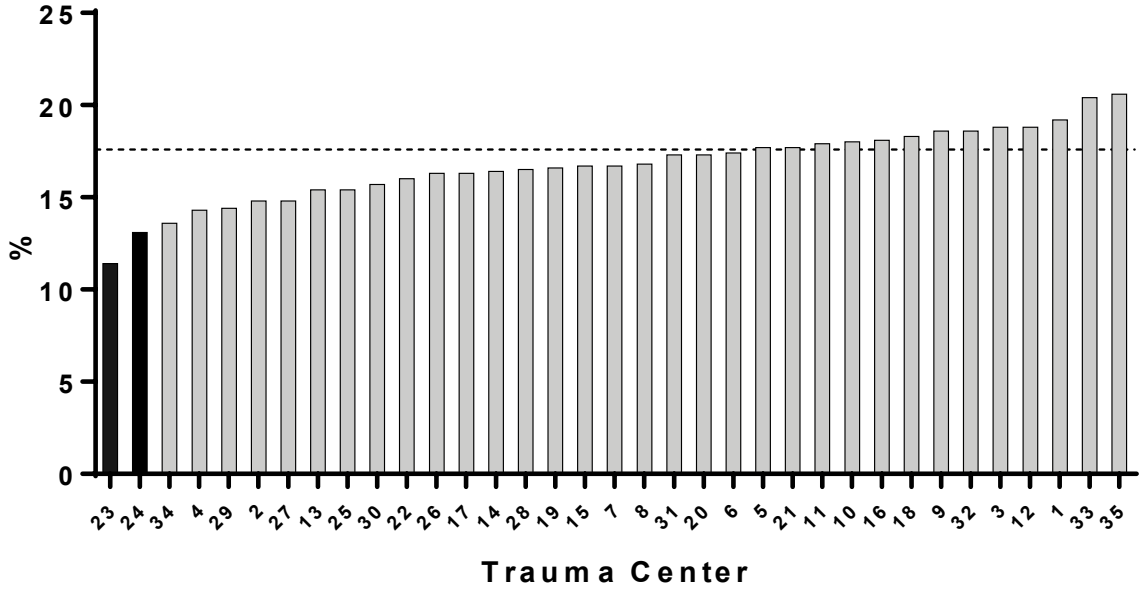
**Mortality Case Volume
Cohort 3 - Blunt Multi-System**



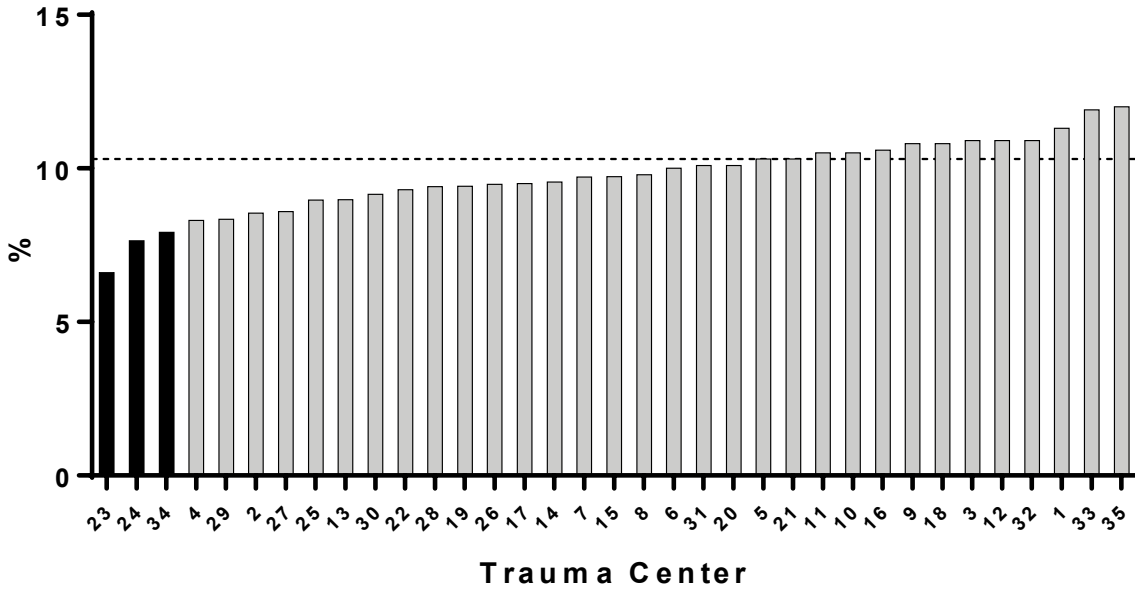
Mortality w/o DOA
Cohort 4 - Blunt Single-System



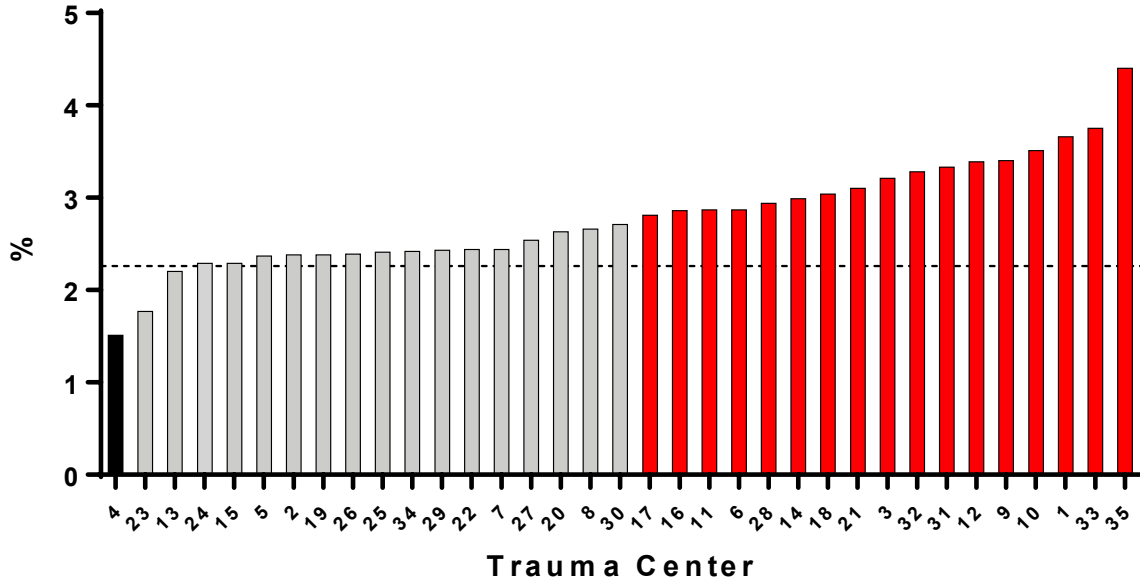
**Mortality
Cohort 5 - Penetrating**



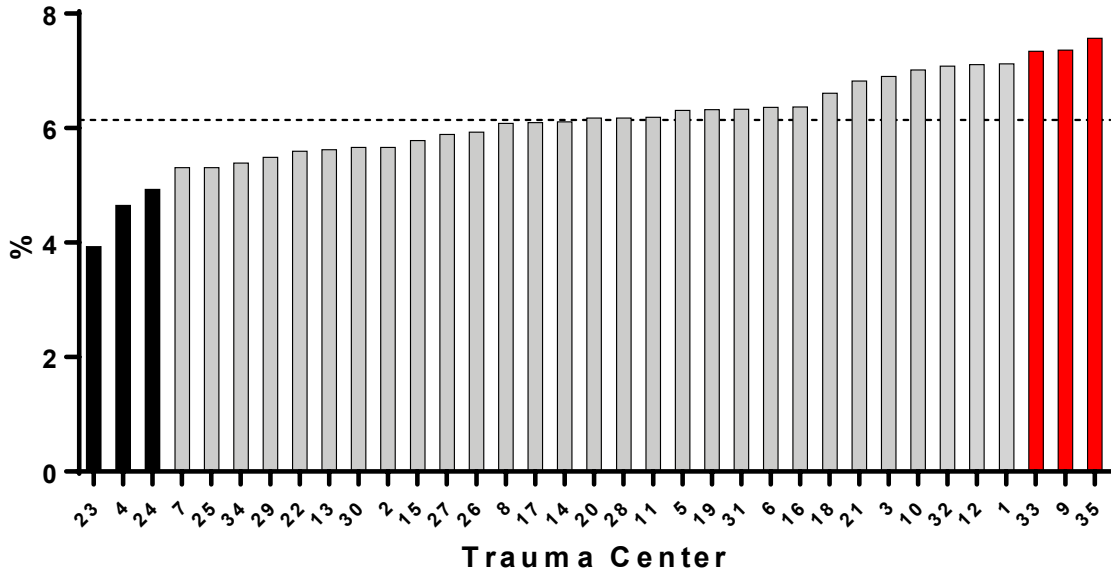
**Mortality w/o DOA
Cohort 5 - Penetrating**



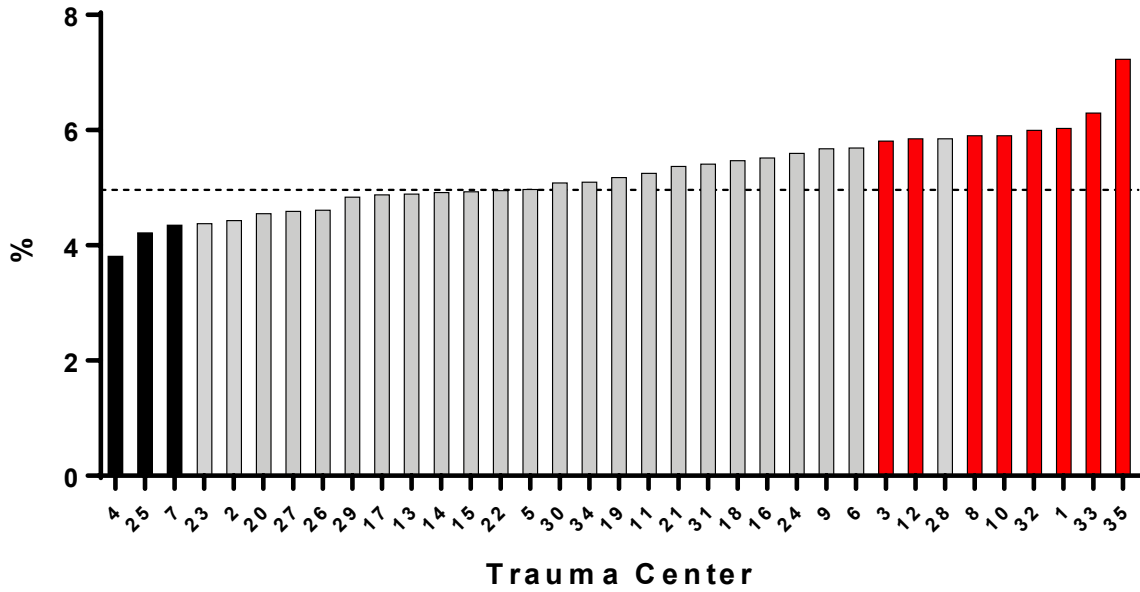
**Mortality w/o DOA
Cohort 6 - Admit to Non-Trauma Service**



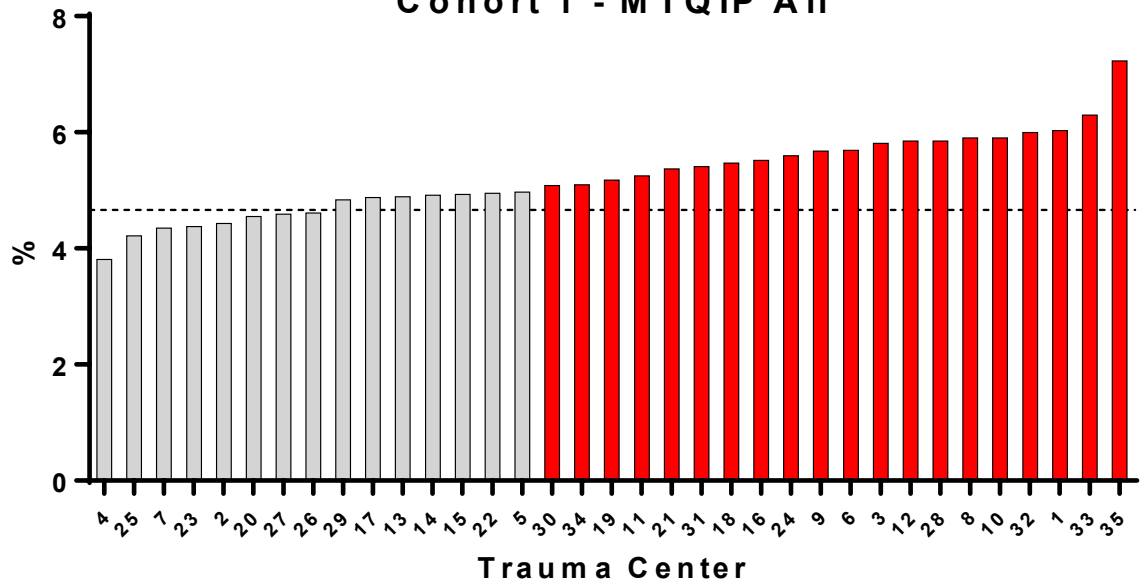
**Mortality
Cohort 7 - National Benchmark**



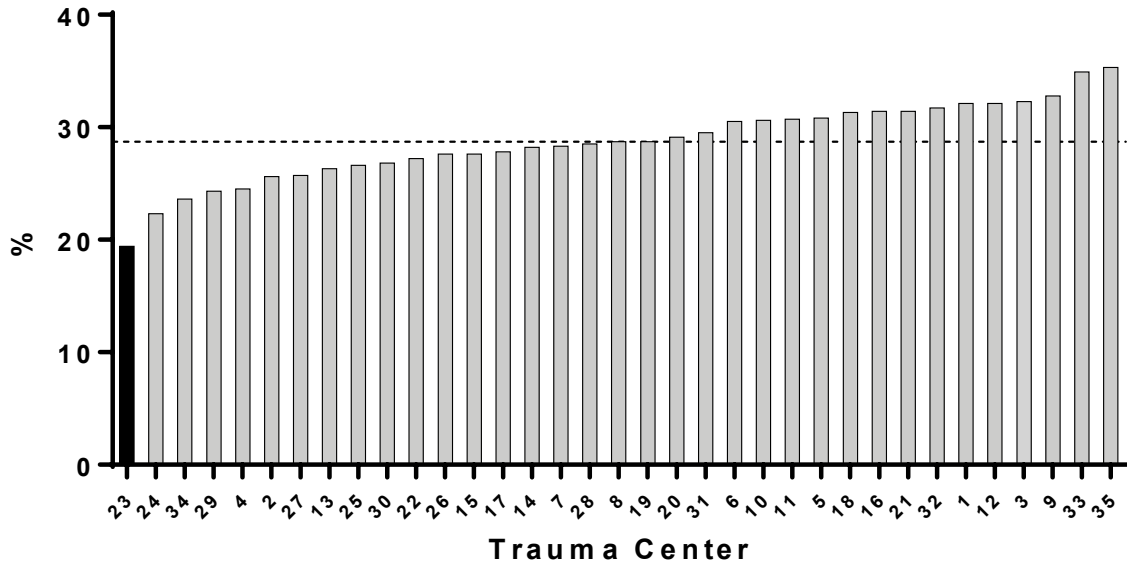
**Mortality or Hospice w/o DOA
Cohort 1 - MTQIP All**



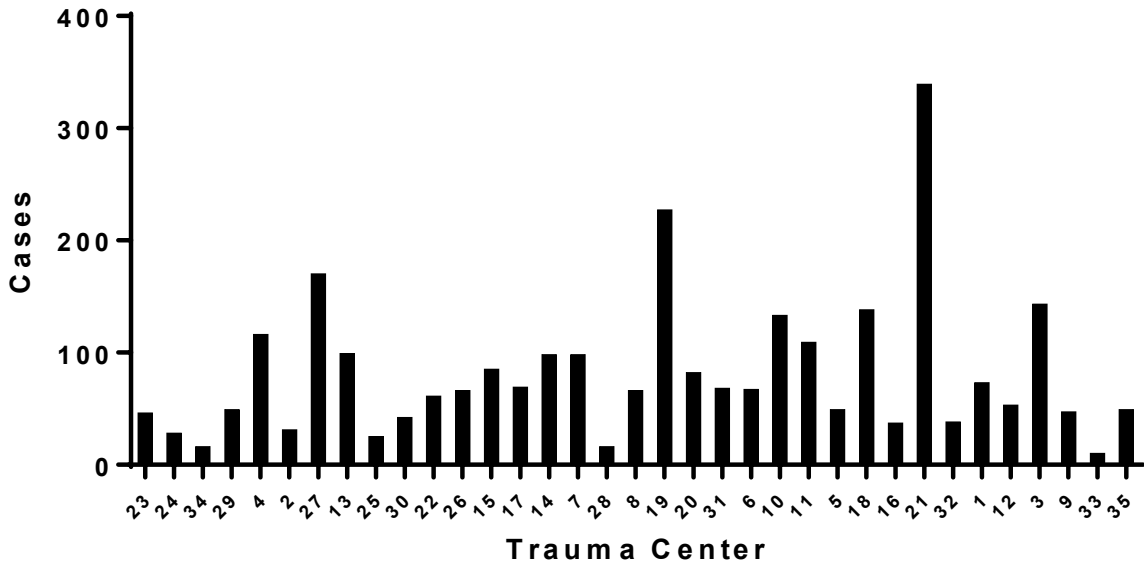
**Mortality Excluding Withdrawal of Care and DOA
Cohort 1 - MTQIP All**



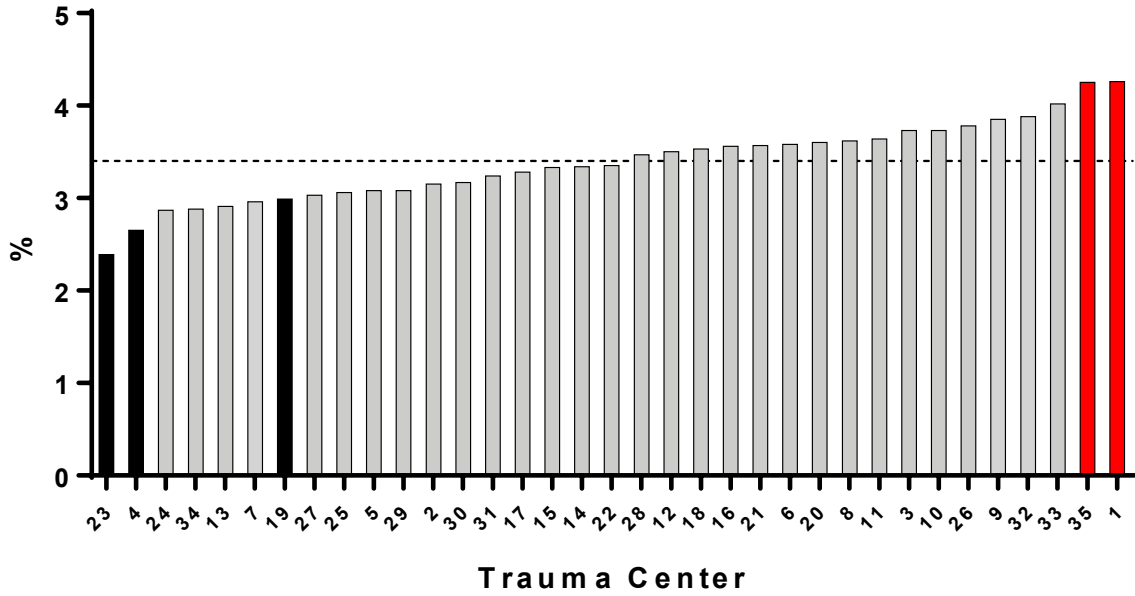
**ISS > 25 Mortality
Cohort 2 - Admit to Trauma**



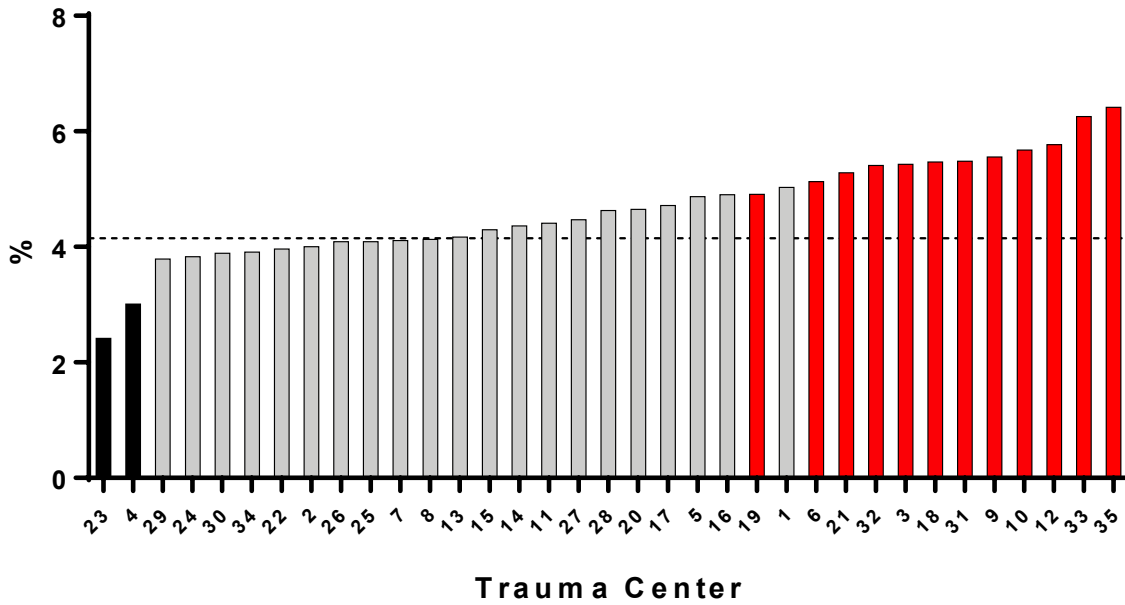
**Case Volume ISS > 25 Mortality
Cohort 2 - Admit to Trauma**



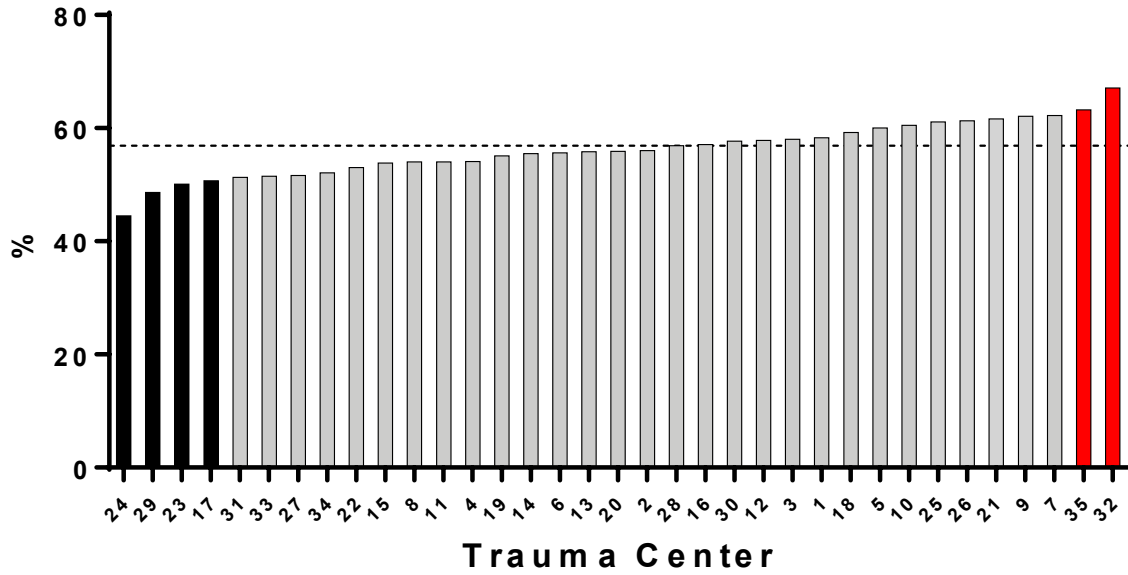
Mortality - Age < 65 years
Cohort 1 - MTQIP All



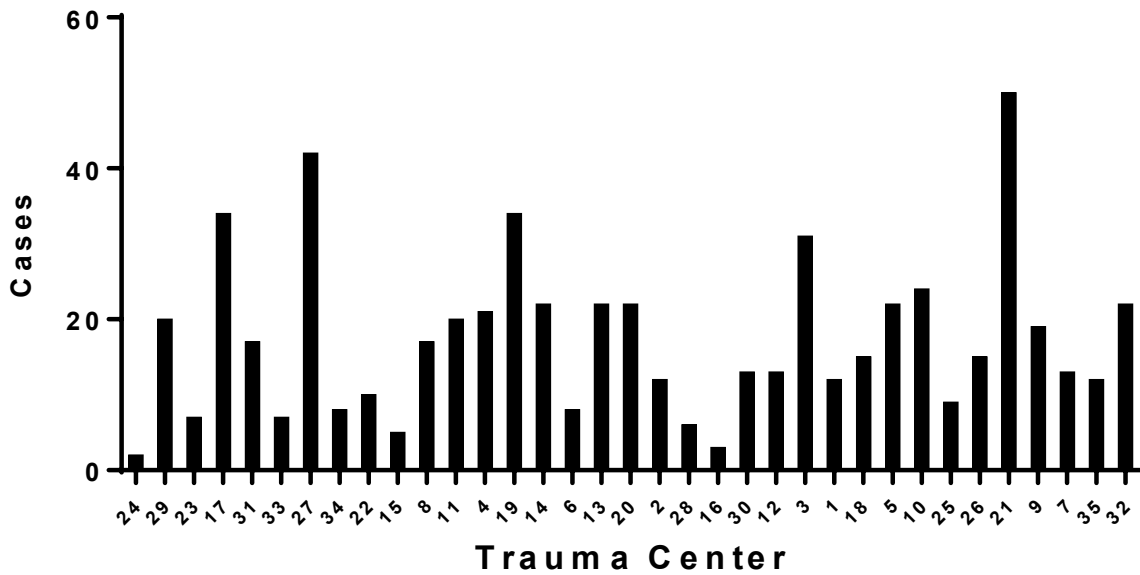
Mortality - Age ≥ 65 years
Cohort 1 - MTQIP All



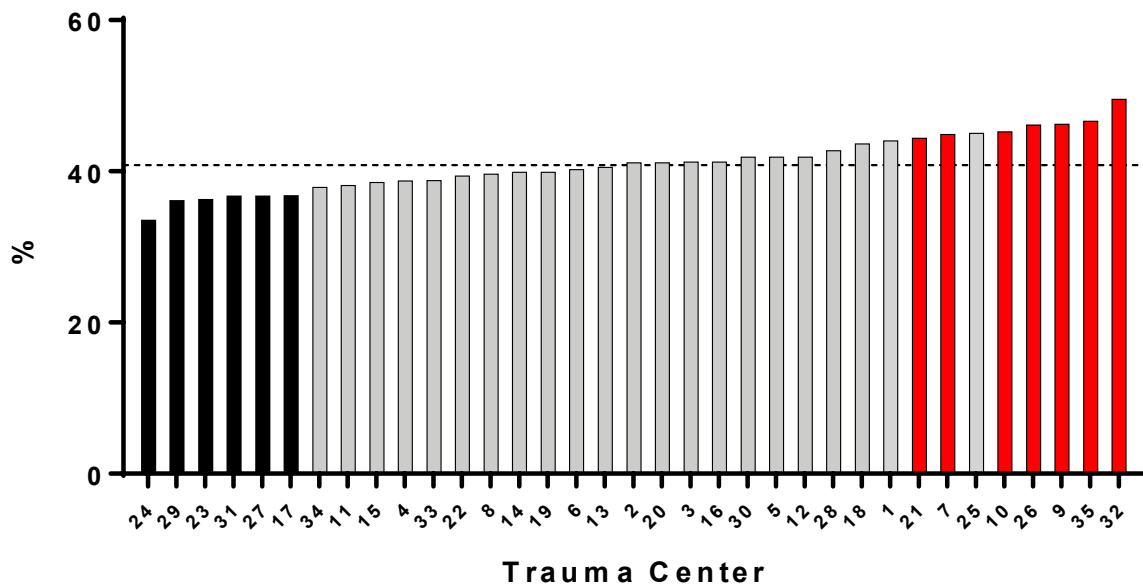
**Mortality GCS 3-8, >= 65 yo
Cohort 1 - MTQIP All**



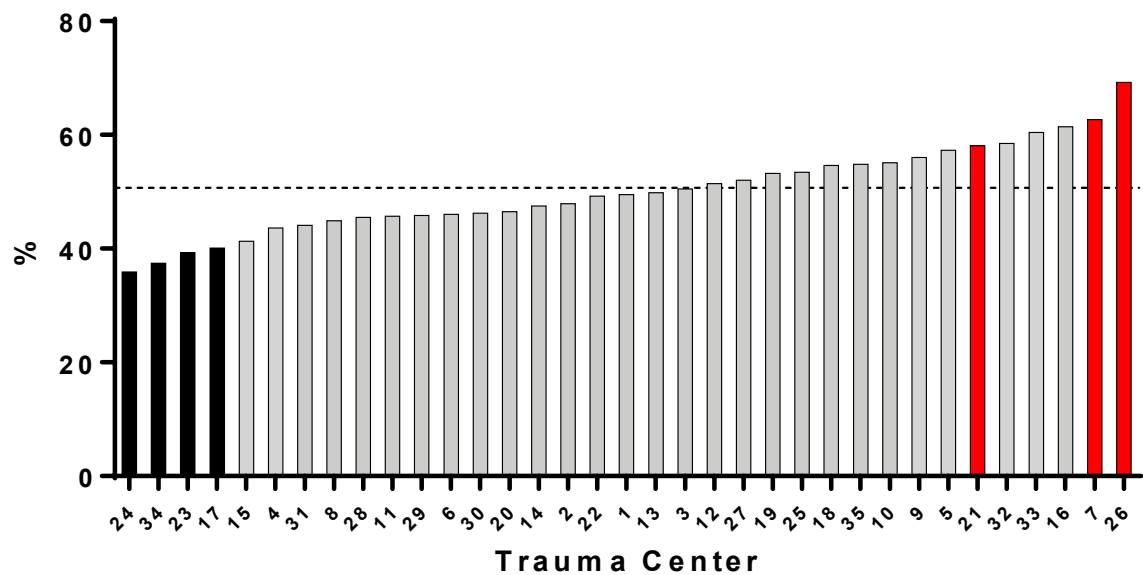
**Case Volume GCS 3-8, >= 65 yo
Cohort 1 - MTQIP All**



**Mortality GCS 3-8
Cohort 1 - MTQIP All**

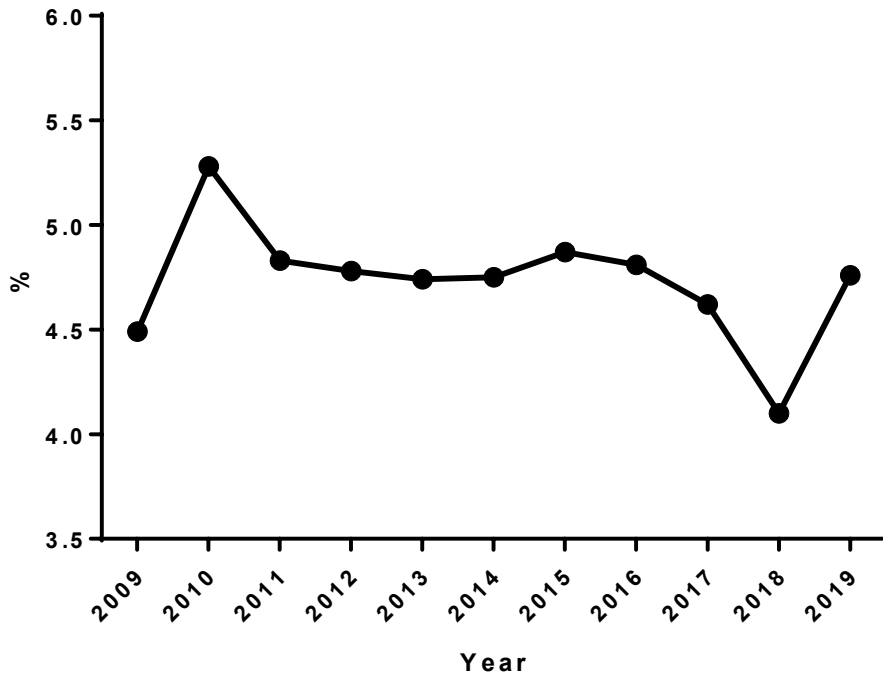


**Adjusted TBI Mortality
Cohort 1 - MTQIP All**

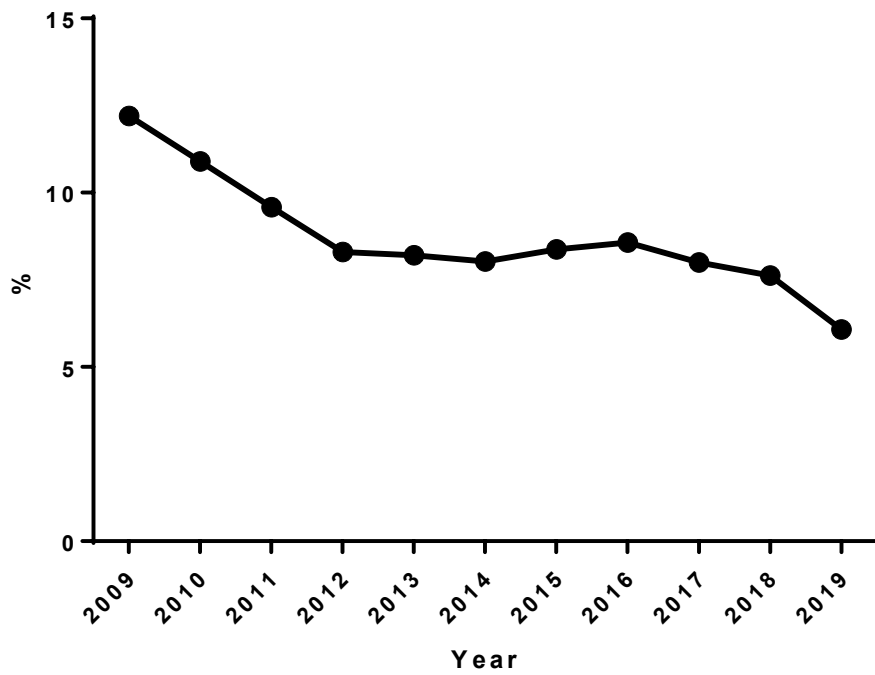


Trends

**Collaborative Outcome Overview - Mortality
Cohort 2 - Admit to Trauma**

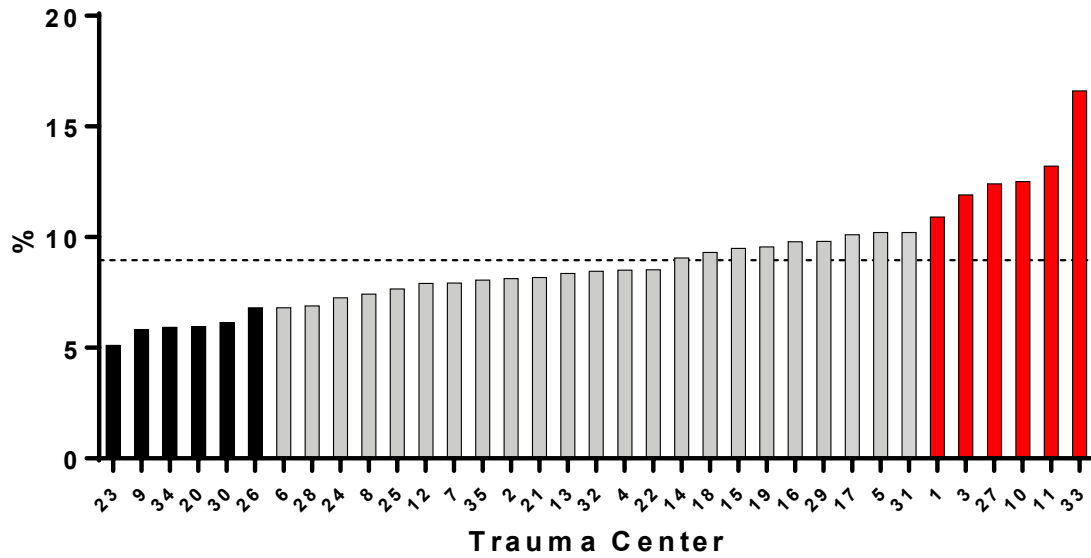


**Collaborative Outcome Overview - Serious Cx
Cohort 2 - Admit to Trauma**

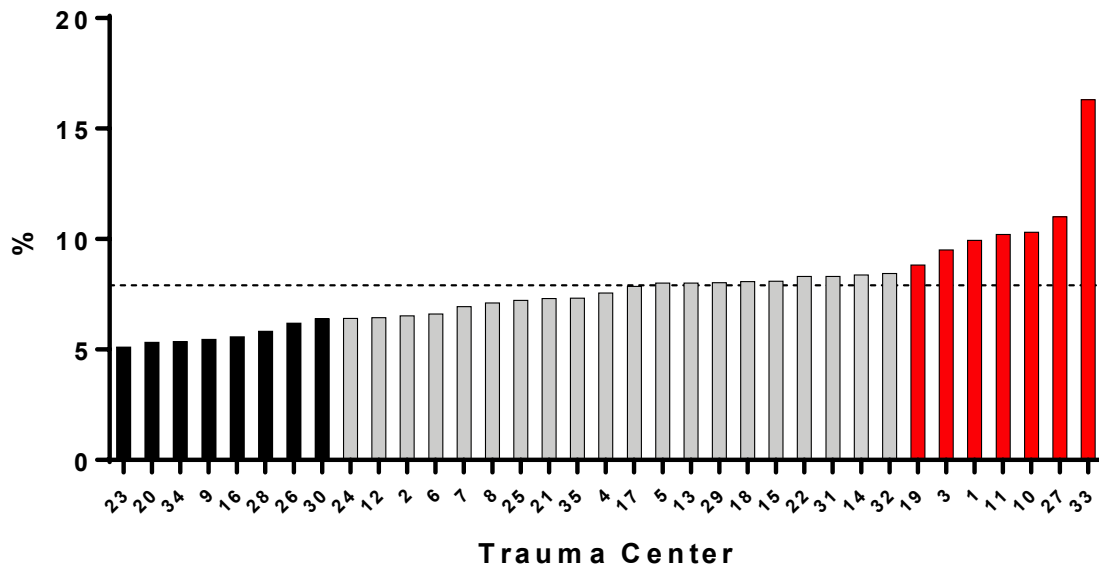


Outcomes

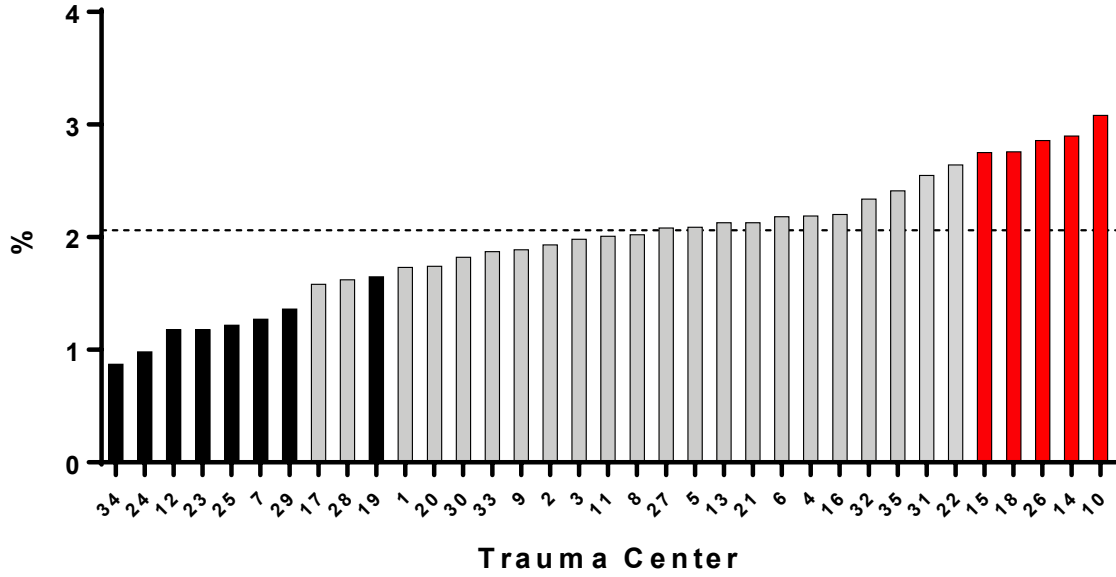
**Complications - Any
Cohort 2 - Admit to Trauma**



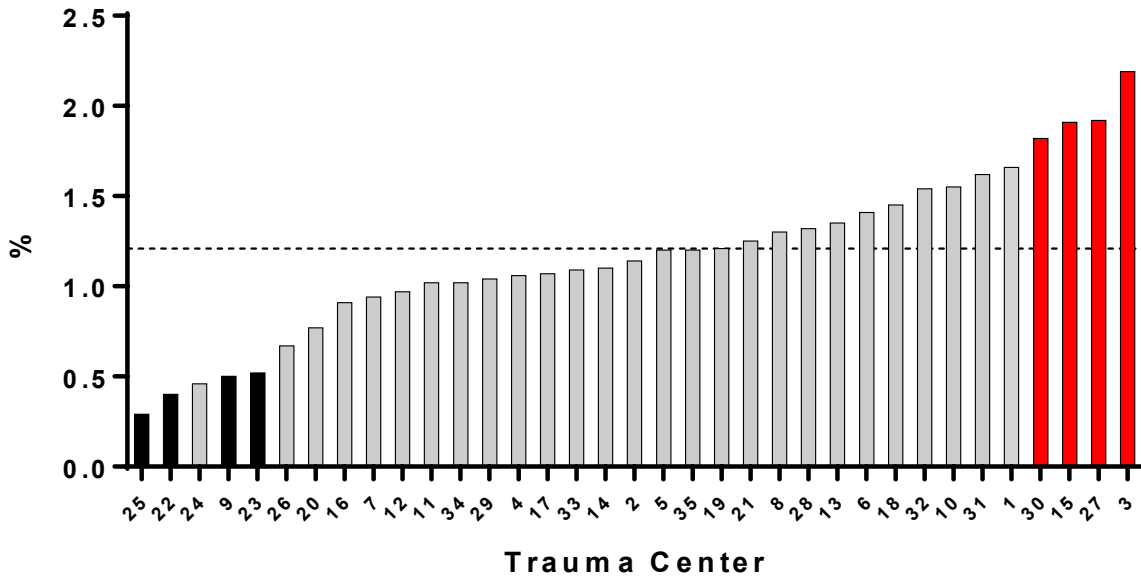
**Complications - Serious
Cohort 2 - Admit to Trauma**



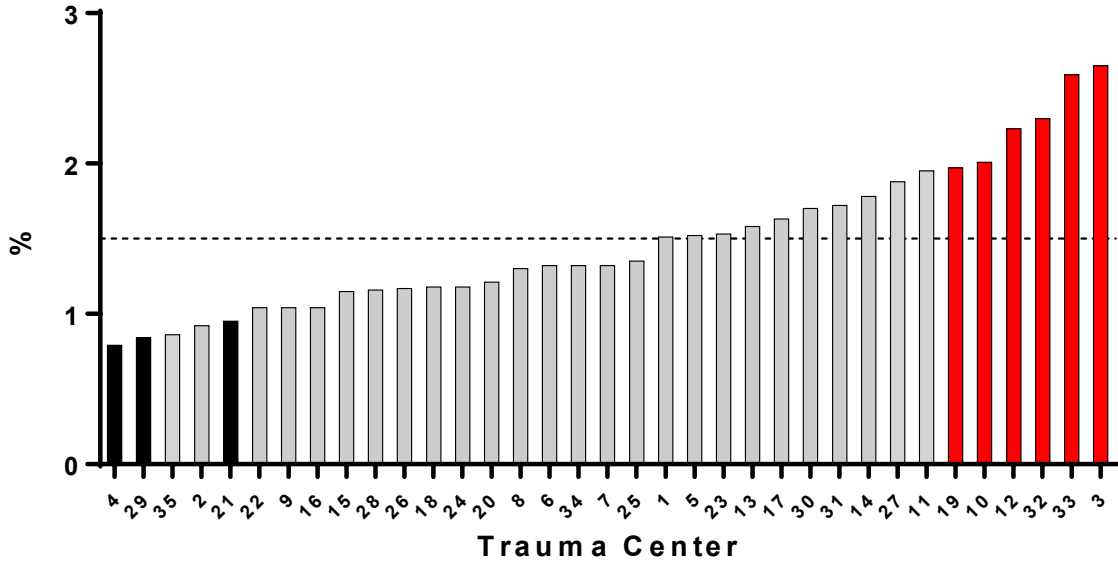
**Cardiac/Stroke
Cohort 2 - Admit to Trauma**



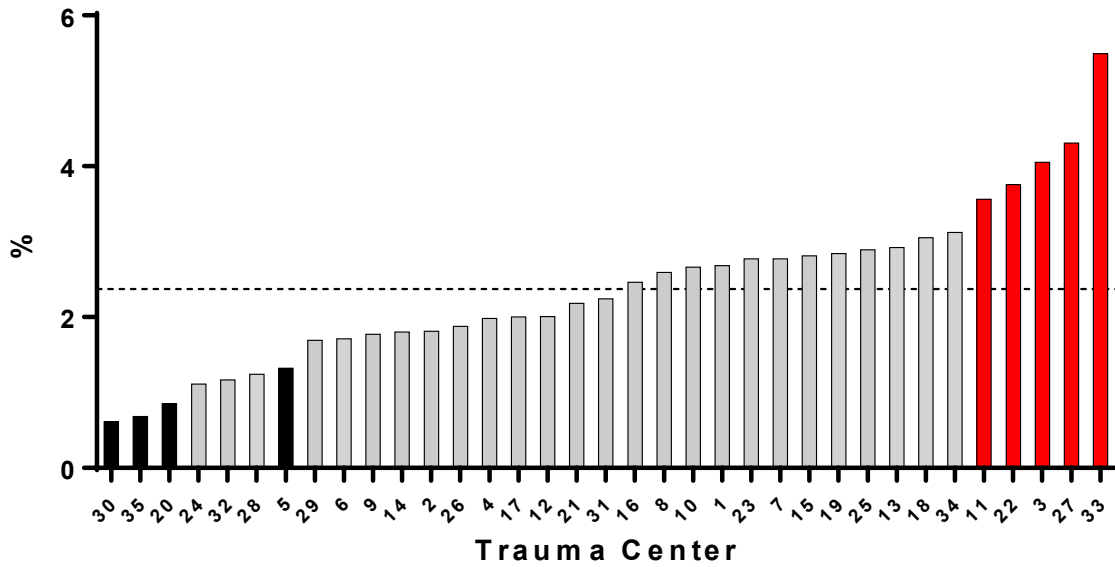
**DVT/Pulmonary Embolus
Cohort 2 - Admit to Trauma**



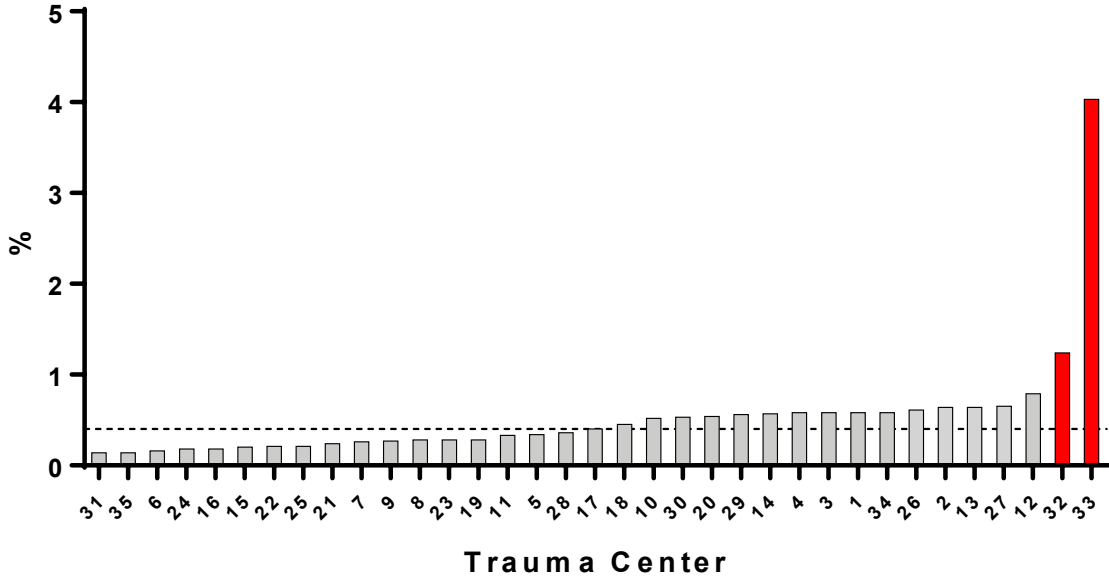
**Unplanned Intubation
Cohort 2 - Admit to Trauma**



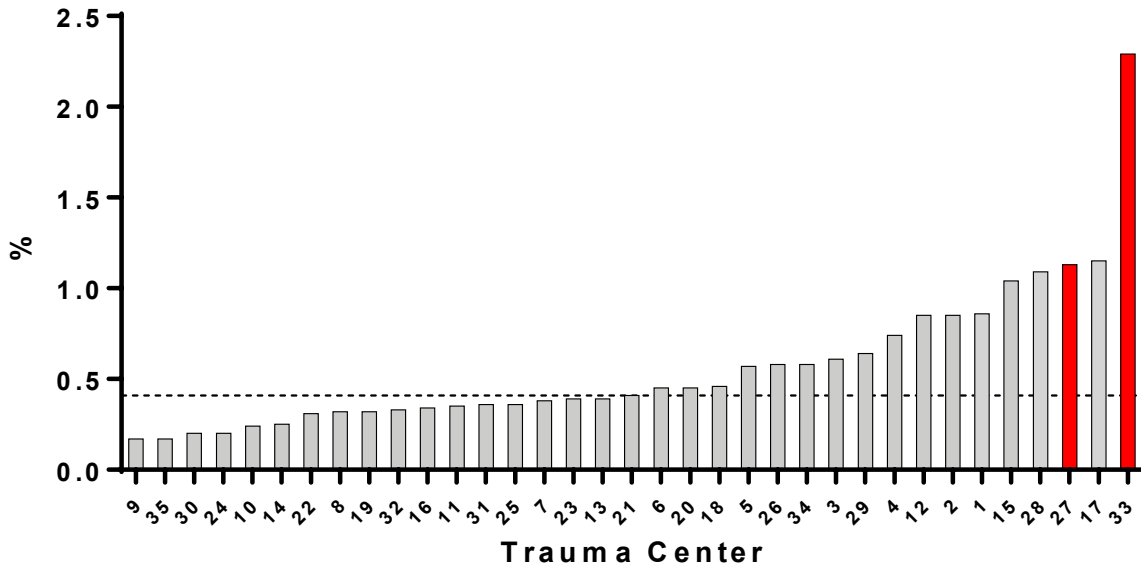
**Pneumonia
Cohort 2 - Admit to Trauma**



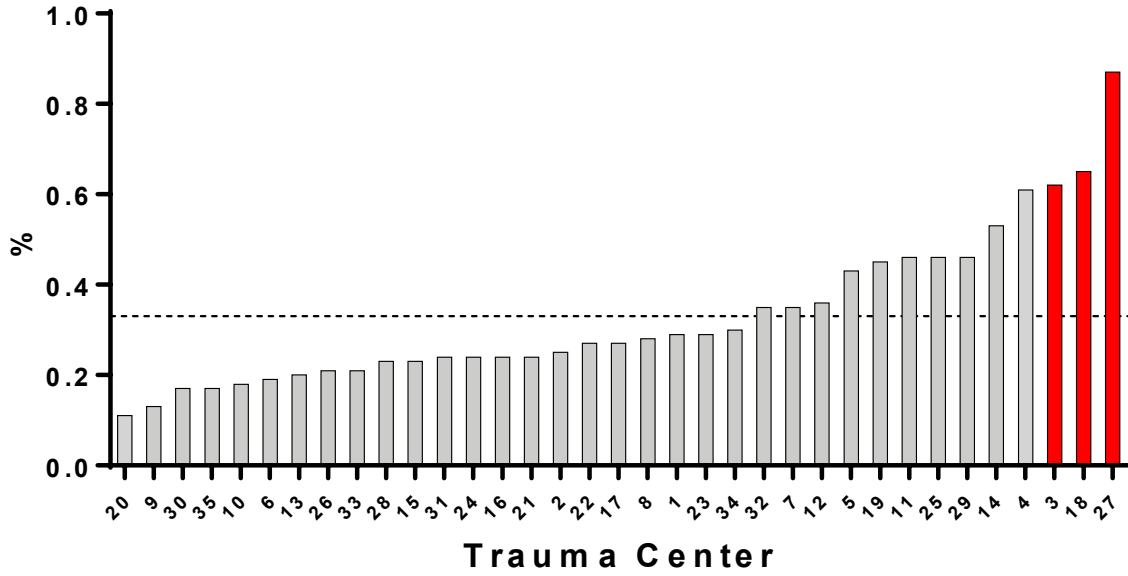
**Renal Failure
Cohort 2 - Admit to Trauma**



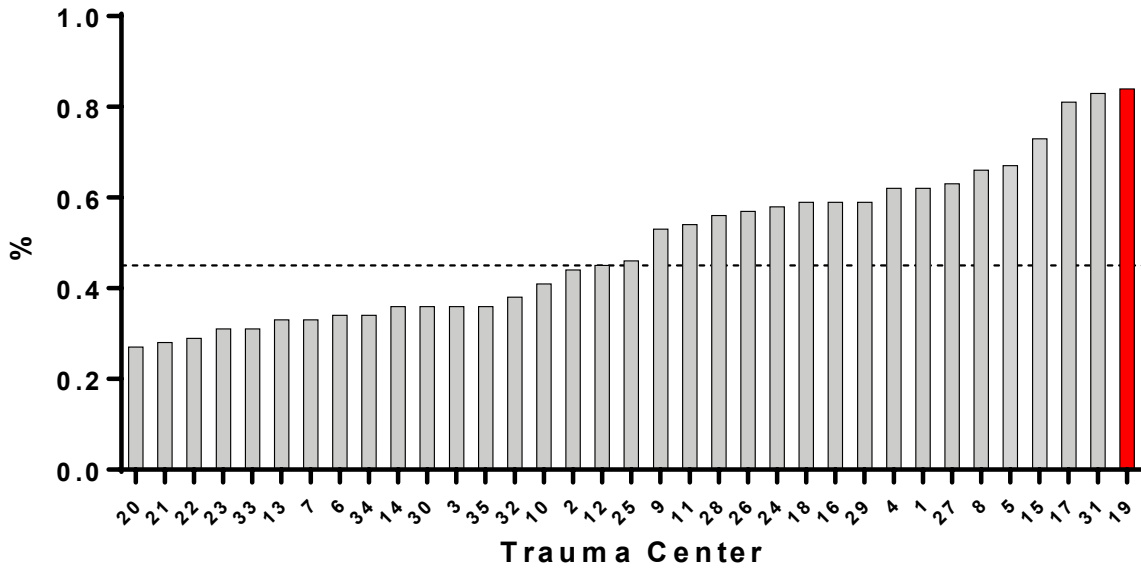
**CAUTI
Cohort 2 - Admit to Trauma**



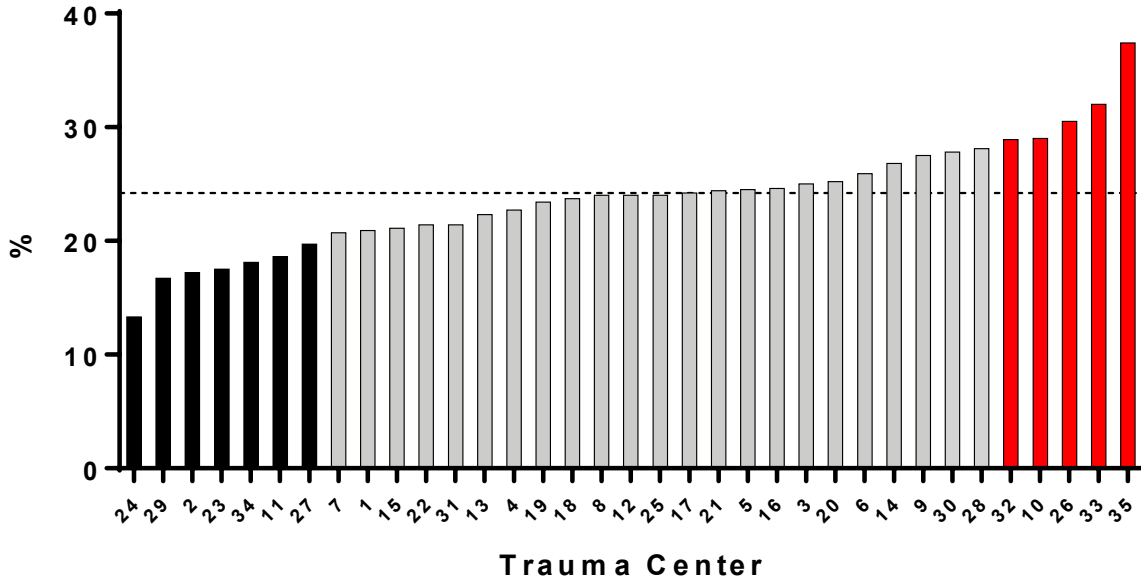
**C. Difficile Colitis
Cohort 2 - Admit to Trauma**



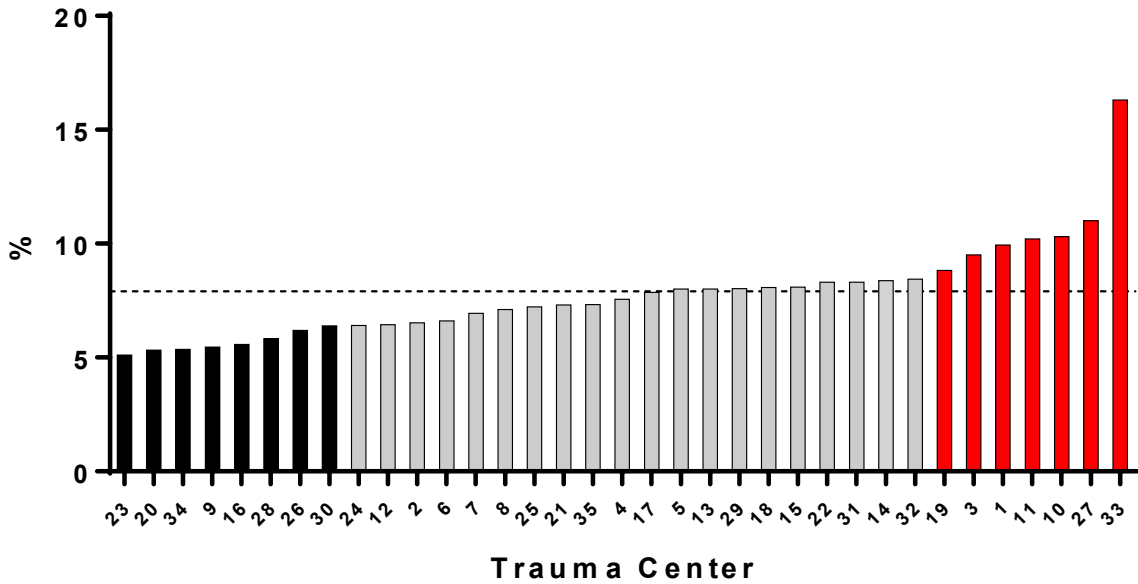
**Sepsis
Cohort 2 - Admit to Trauma**



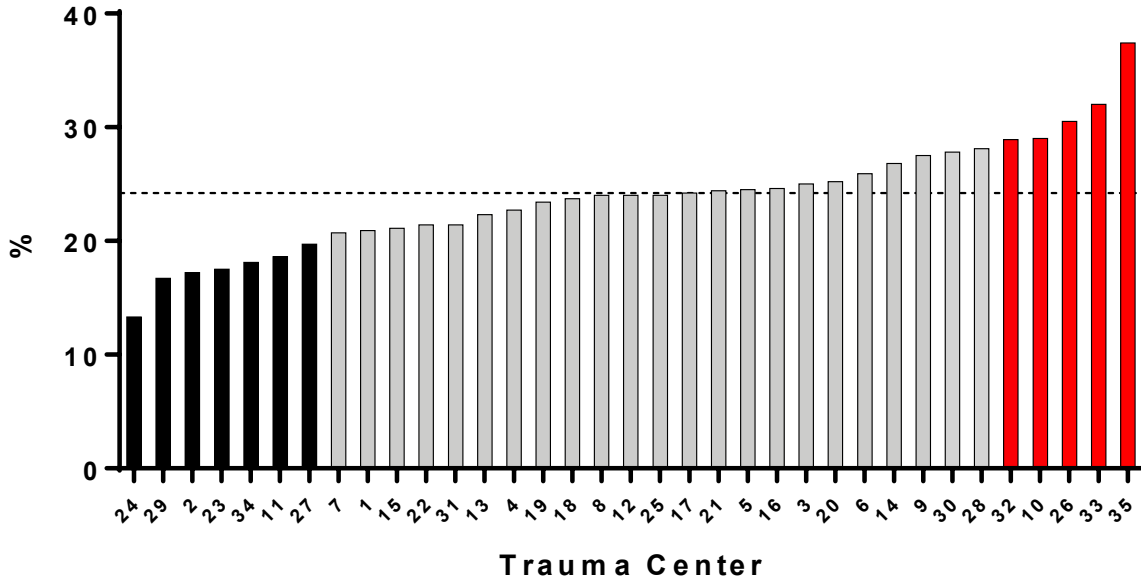
**Failure to Rescue
Cohort 2 - Admit to Trauma**



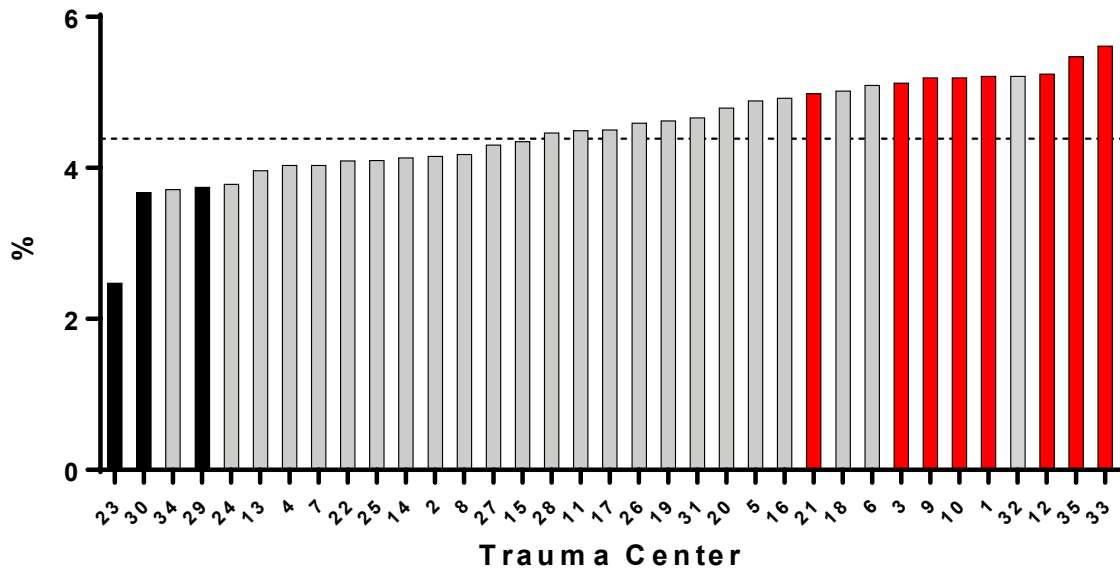
**Complications - Serious
Cohort 2 - Admit to Trauma**



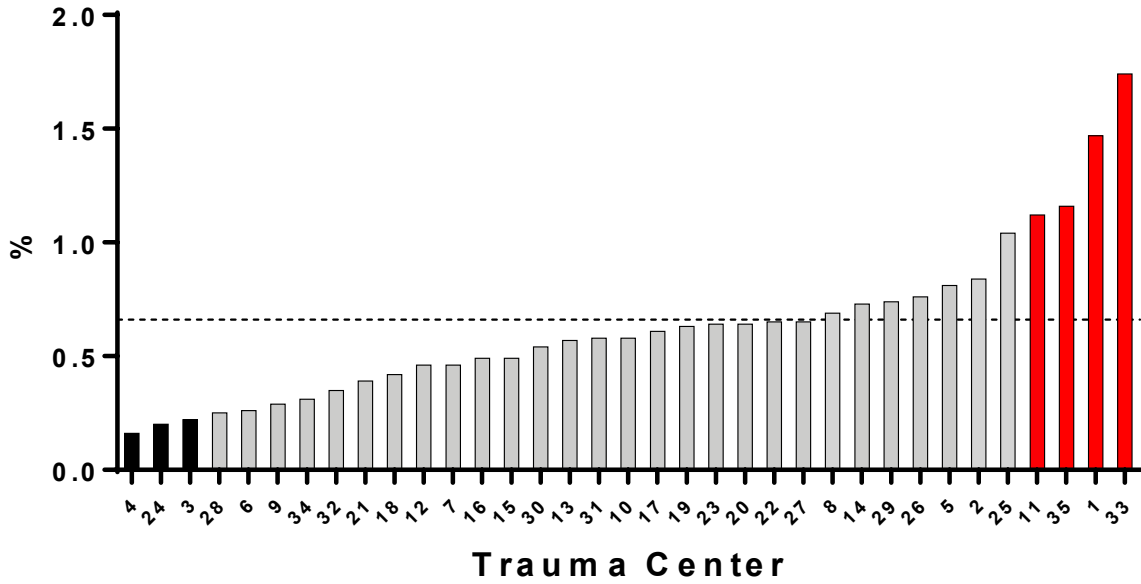
**Failure to Rescue
Cohort 2 - Admit to Trauma**



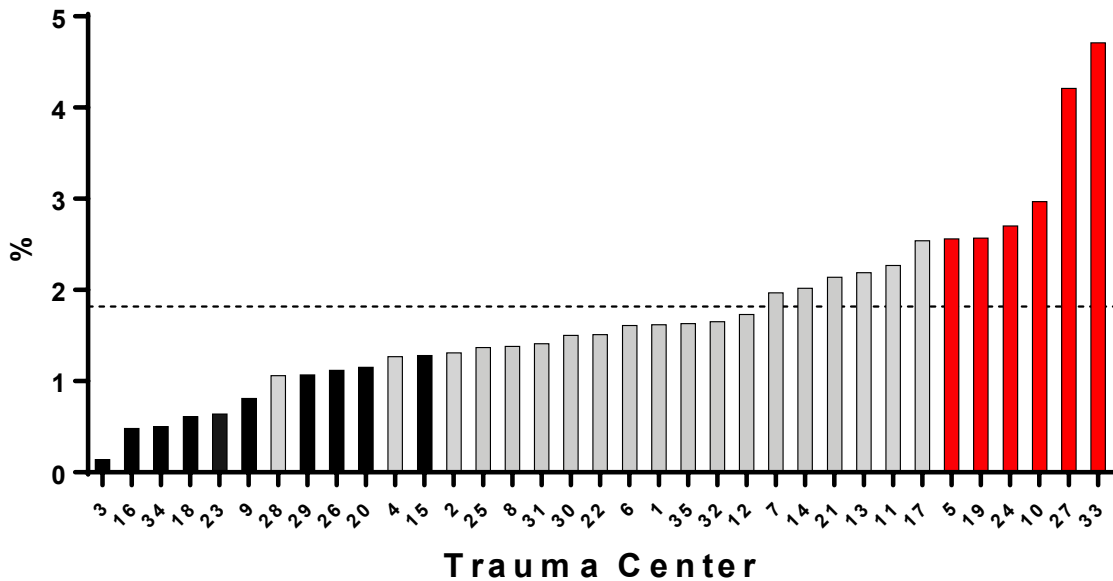
**Mortality w/o DOA
Cohort 2 - Admit to Trauma**



**Unplanned Return to OR
Cohort 2 - Admit to Trauma**

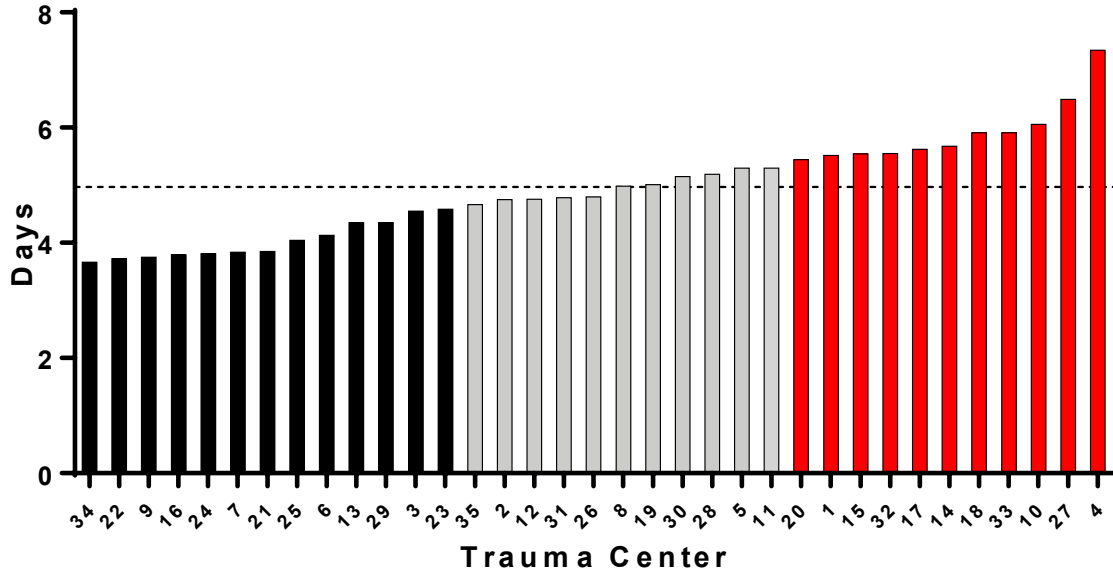


**Unplanned Admit to ICU
Cohort 2 - Admit to Trauma**

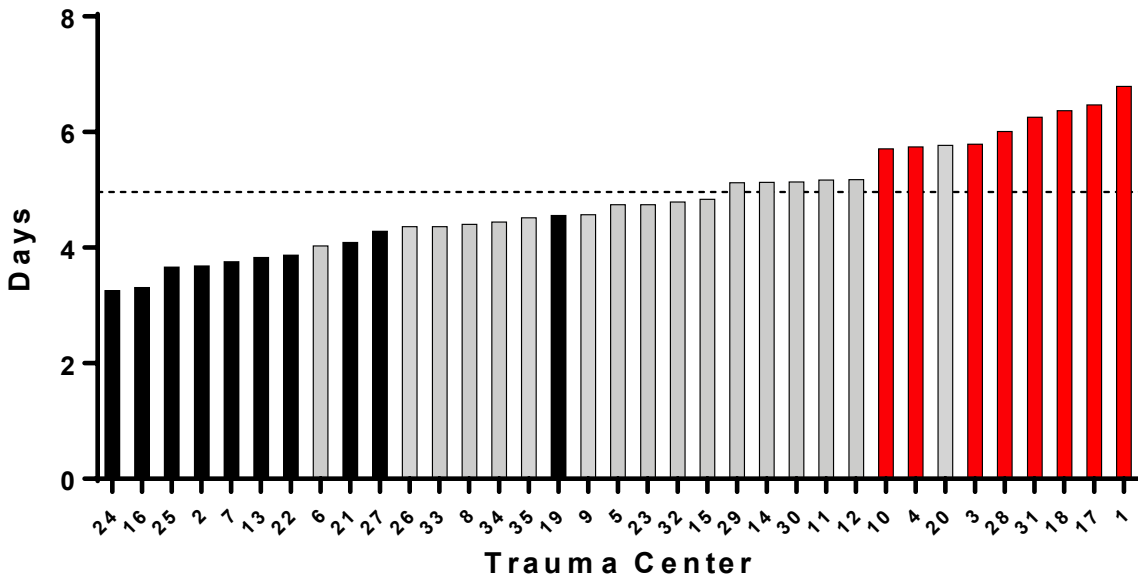


Resource Utilization

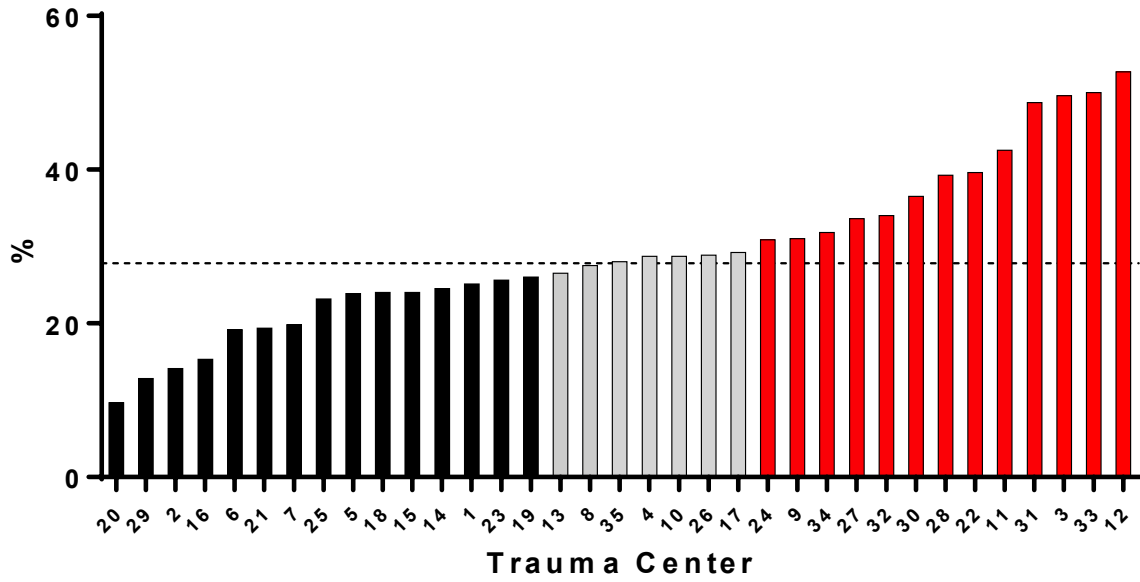
**Adjusted Hospital LOS
Cohort 2 - Admit to Trauma**



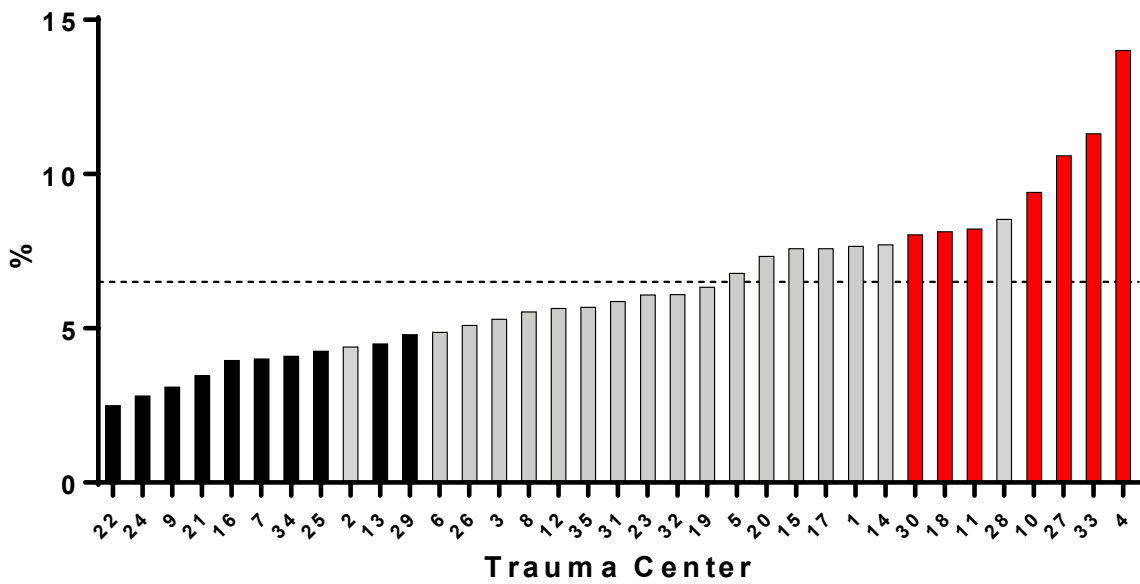
**Adjusted ICU LOS
Cohort 2 - Admit to Trauma**



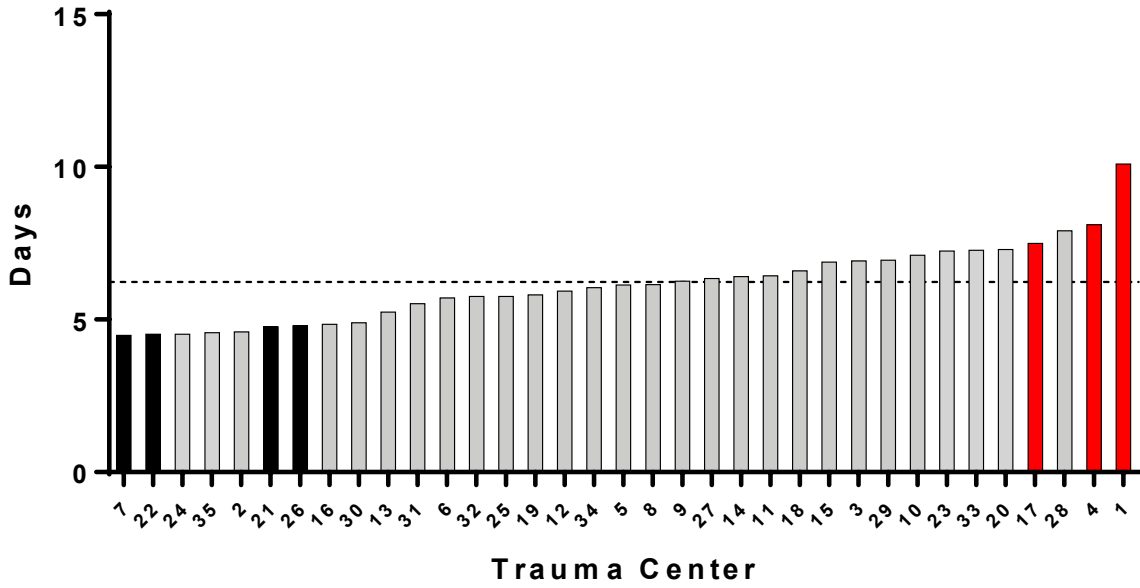
**Patients Admitted to ICU
Cohort 1 - MTQIP All**



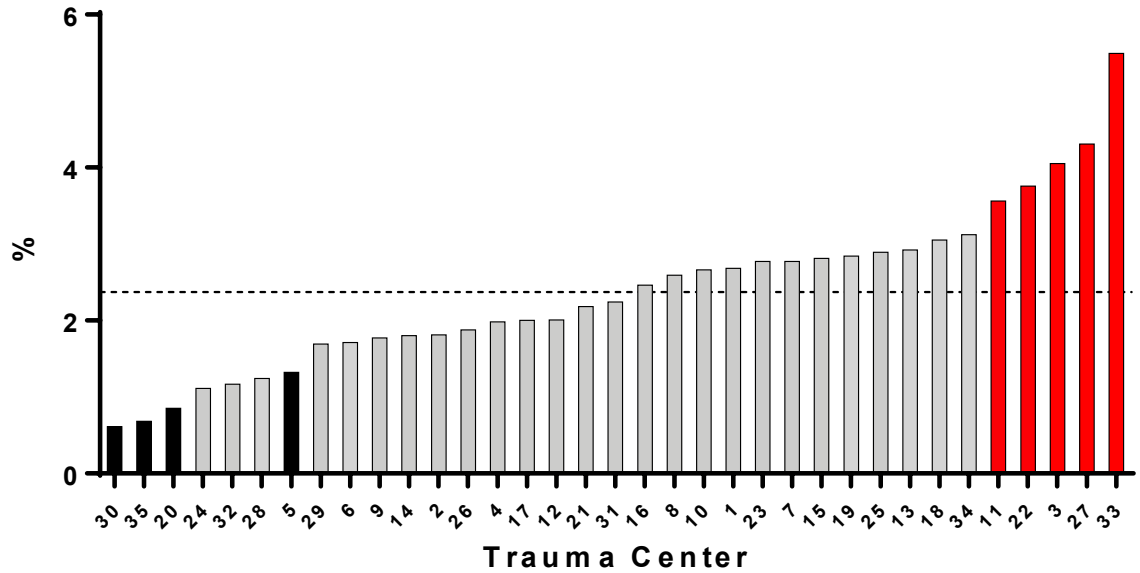
**Extended LOS
Cohort 2 - Admit to Trauma**



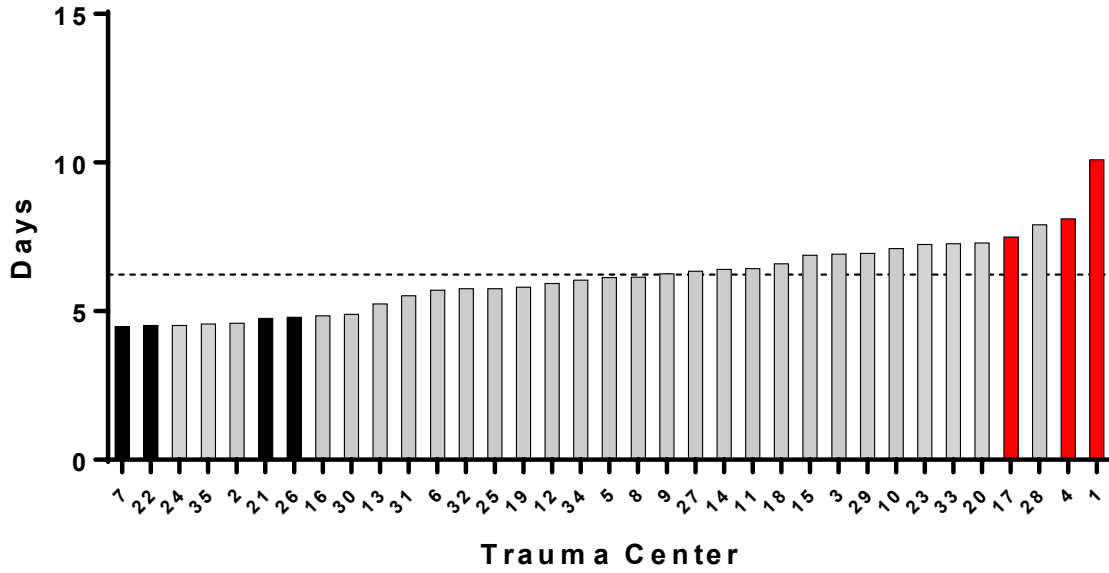
Adjusted Ventilator Days Cohort 2 - Admit to Trauma



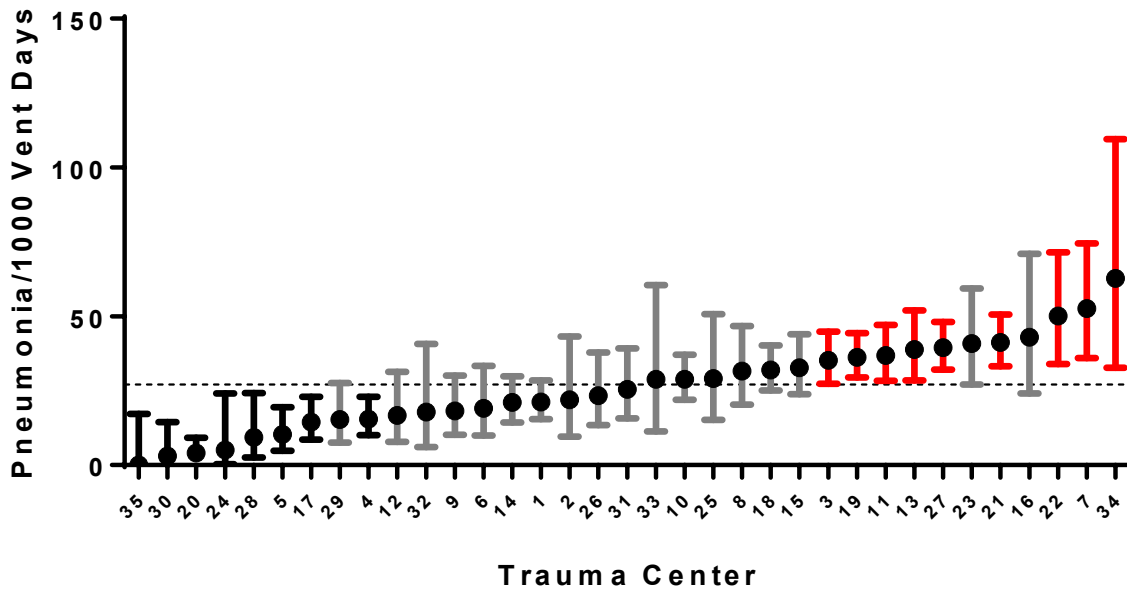
Pneumonia Cohort 2 - Admit to Trauma



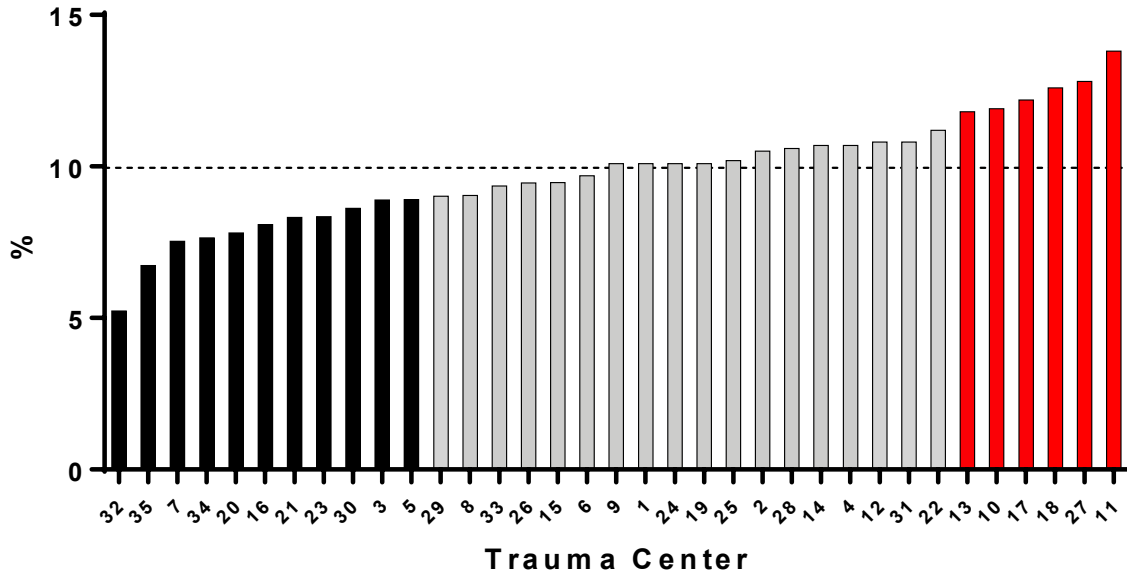
Adjusted Ventilator Days Cohort 2 - Admit to Trauma



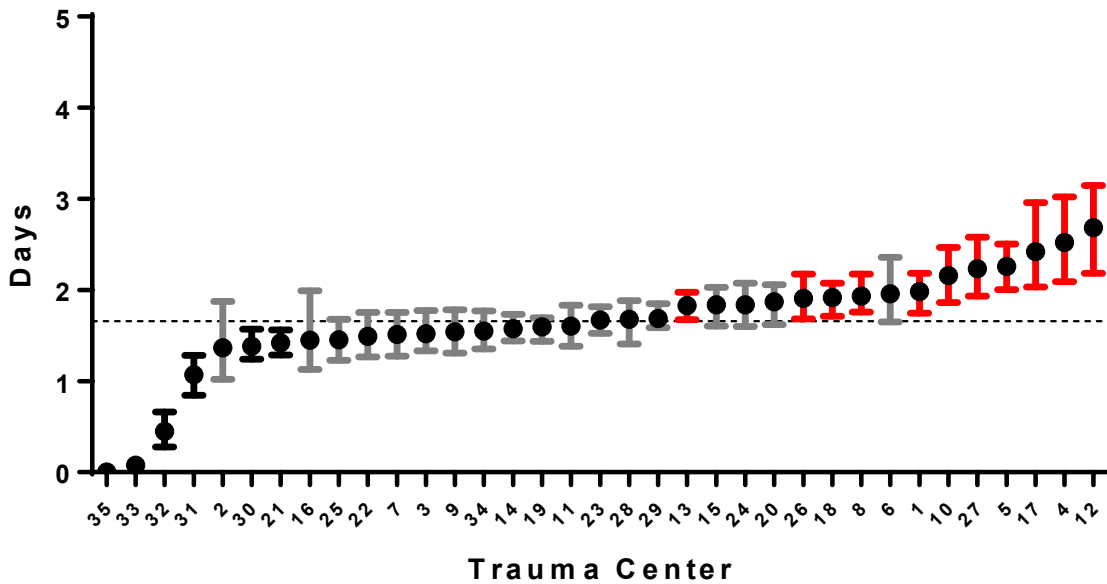
Adjusted VAP Cohort 2 - Admit to Trauma



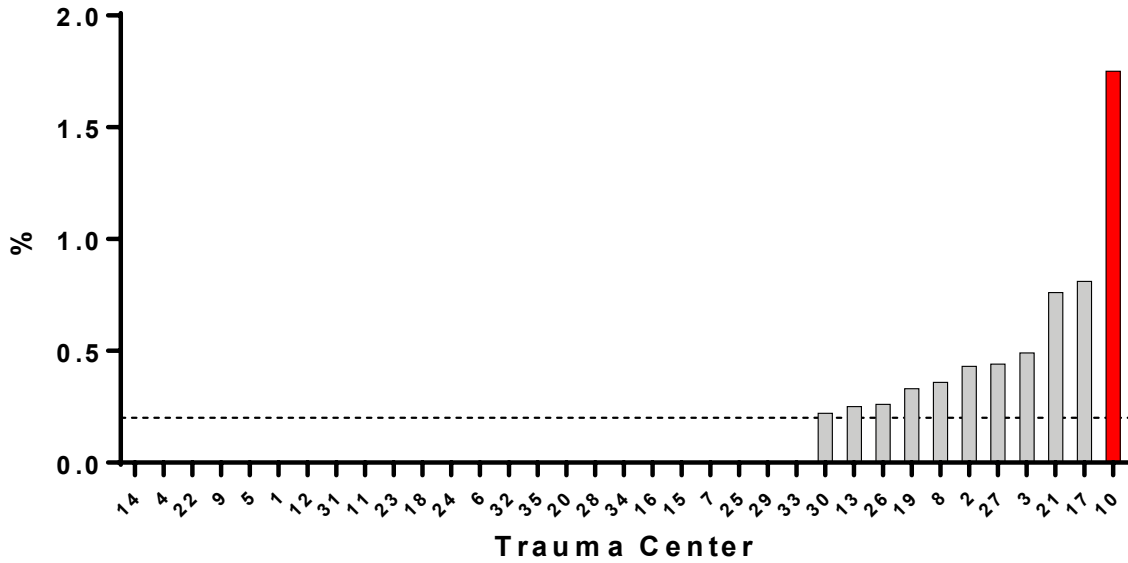
**Patients on Ventilator
Cohort 1 - MTQIP All**



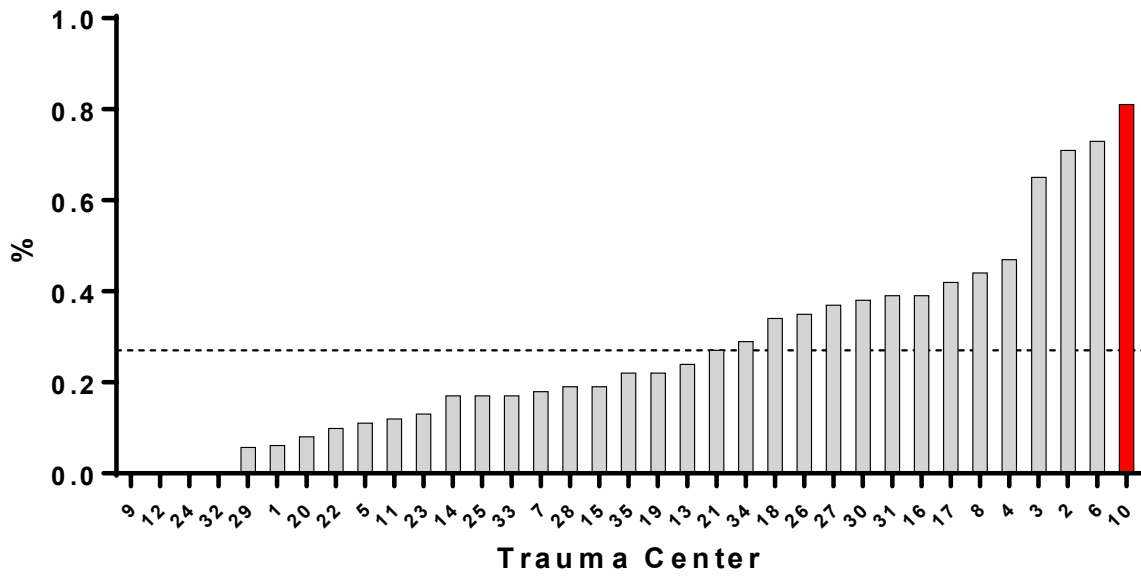
**Adjusted Antibiotic Days
Cohort 1 - MTQIP All**



**Unadjusted IVC Filter Use
Cohort 1 - MTQIP All
7/1/18 - 1/31/19**

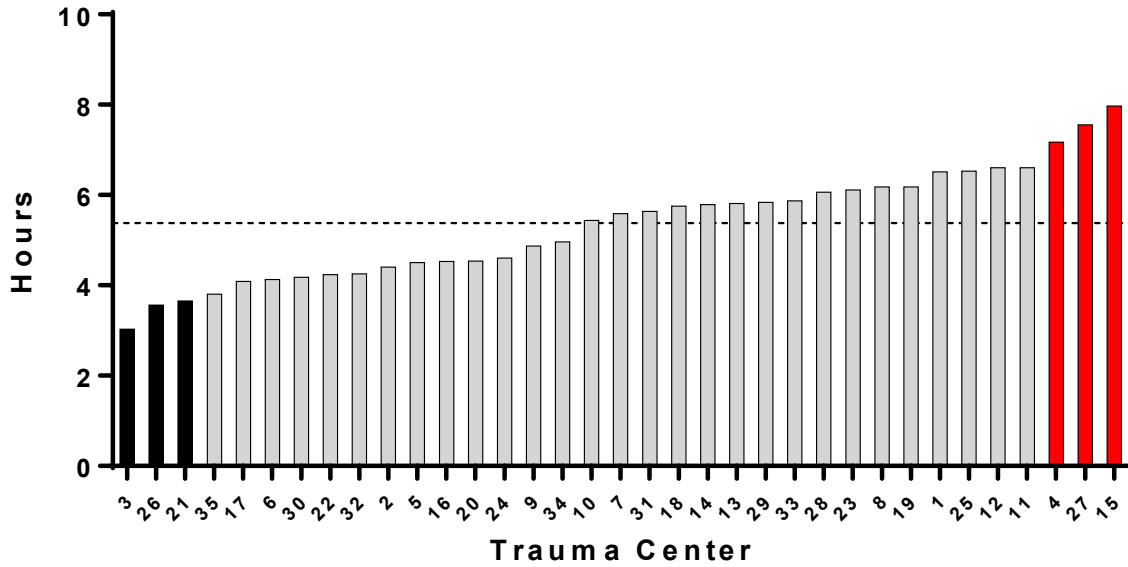


**Unadjusted IVC Filter Use
Cohort 1 - MTQIP All
11/1/16 - 1/31/19**

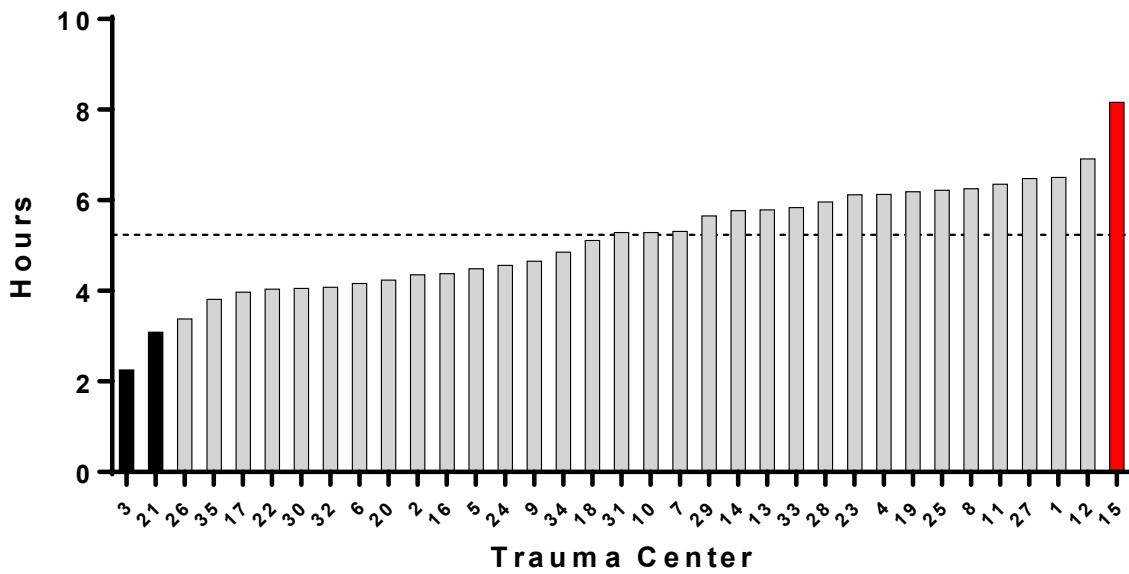


System Efficiency

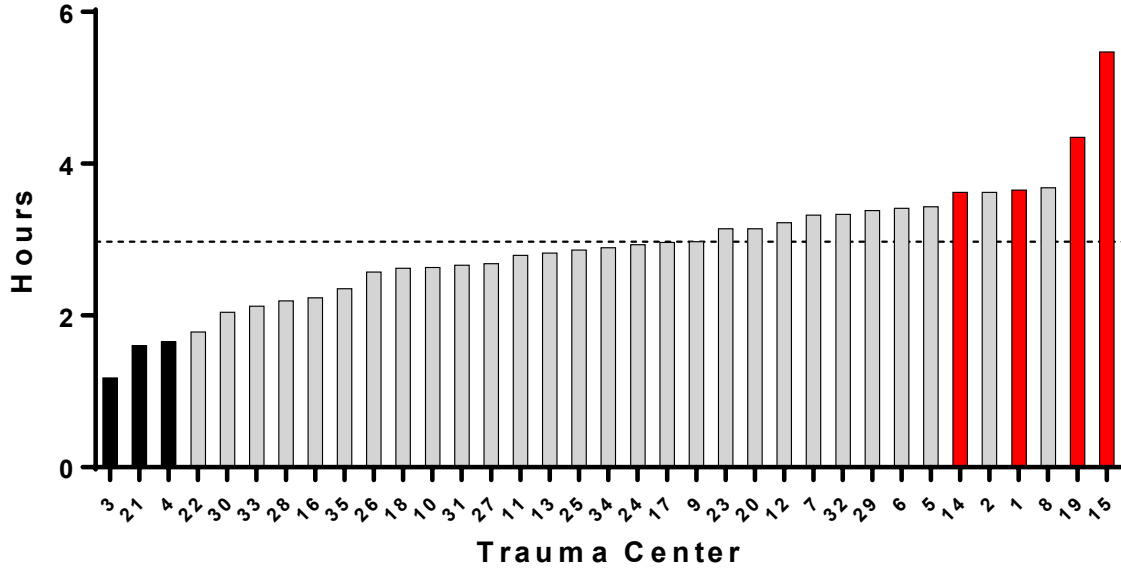
**Mean ED LOS
Cohort 1 - MTQIP All**



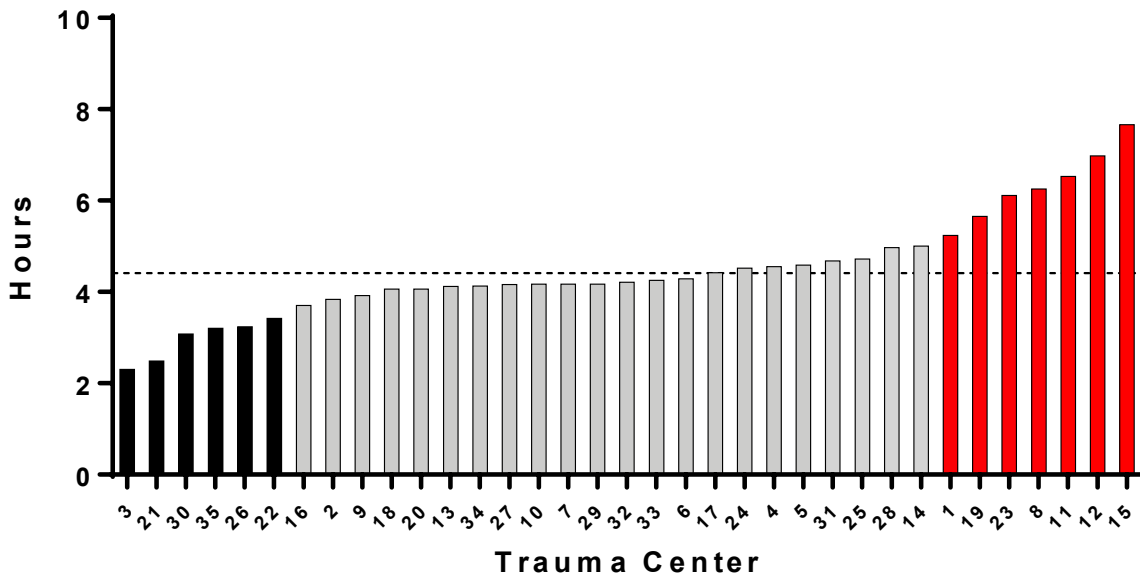
**Mean ED LOS
Cohort 2 - Admit to Trauma**



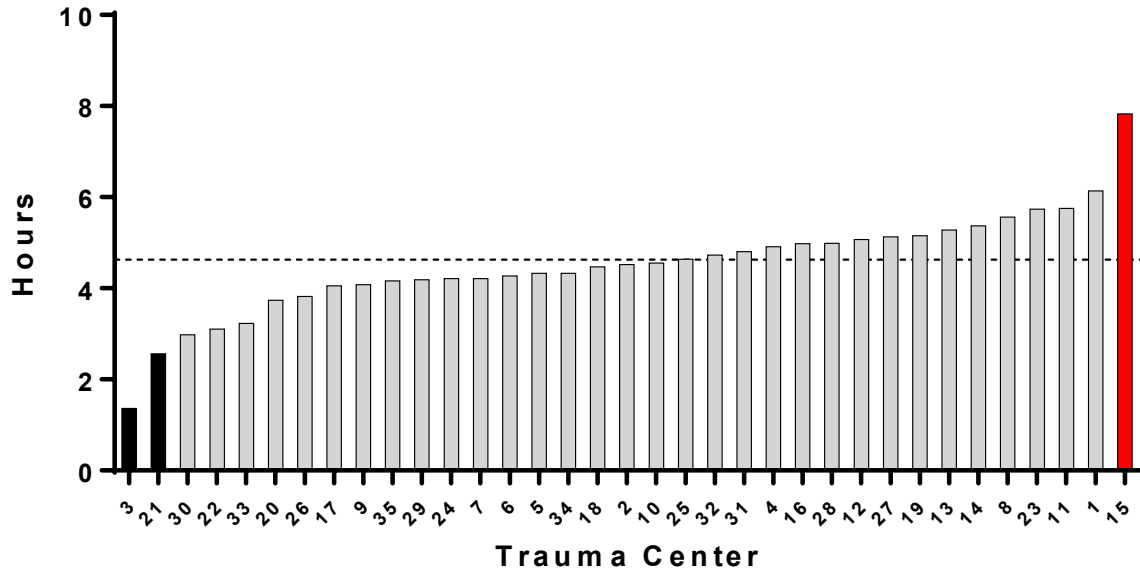
**Mean ED LOS - Full Activations
Cohort 2 - Admit to Trauma**



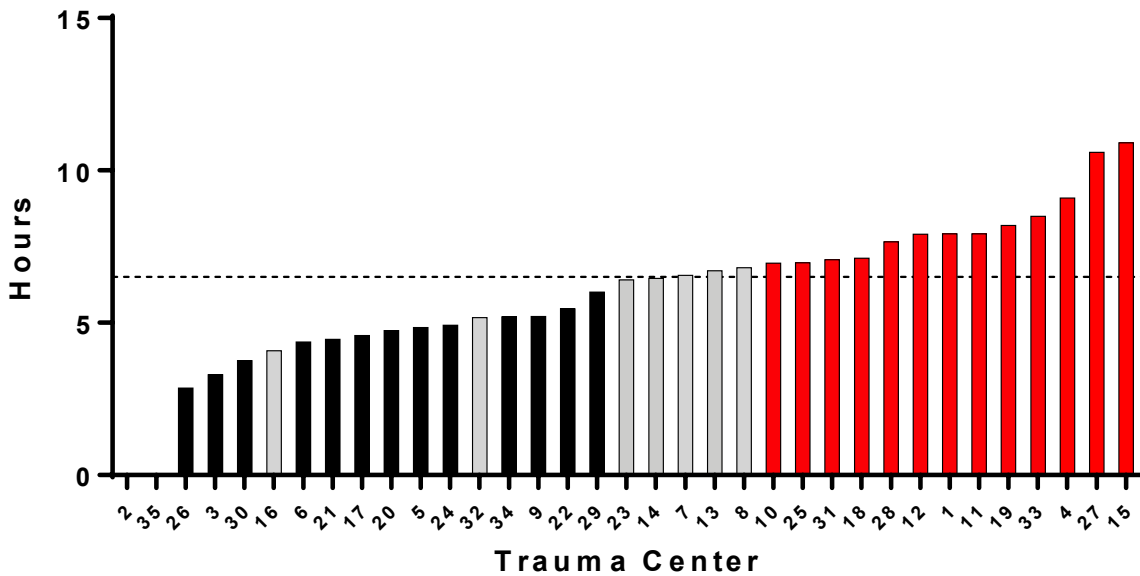
**Mean ED LOS - Disposition to ICU
Cohort 2 - Admit to Trauma**



**Mean ED LOS - Partial Activations
Cohort 2 - Admit to Trauma**

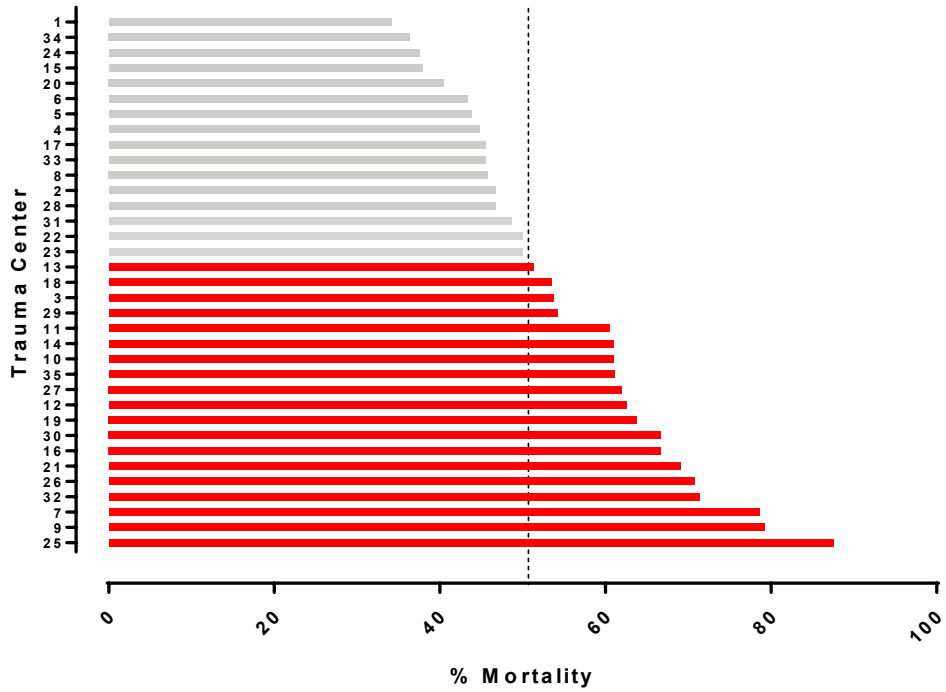


**Mean ED LOS - Consult
Cohort 2 - Admit to Trauma**

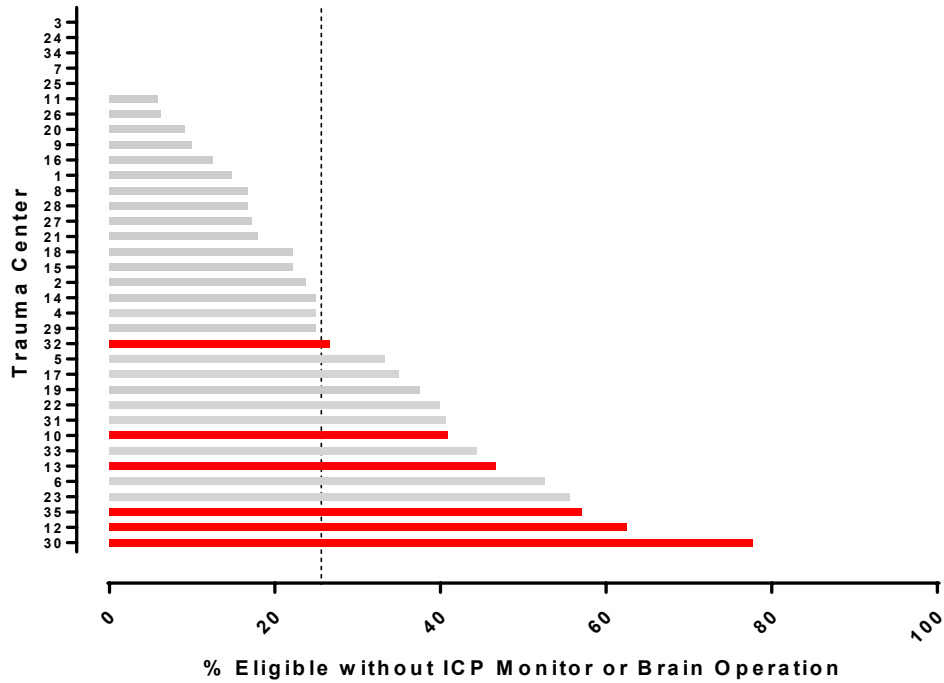


Process Measures

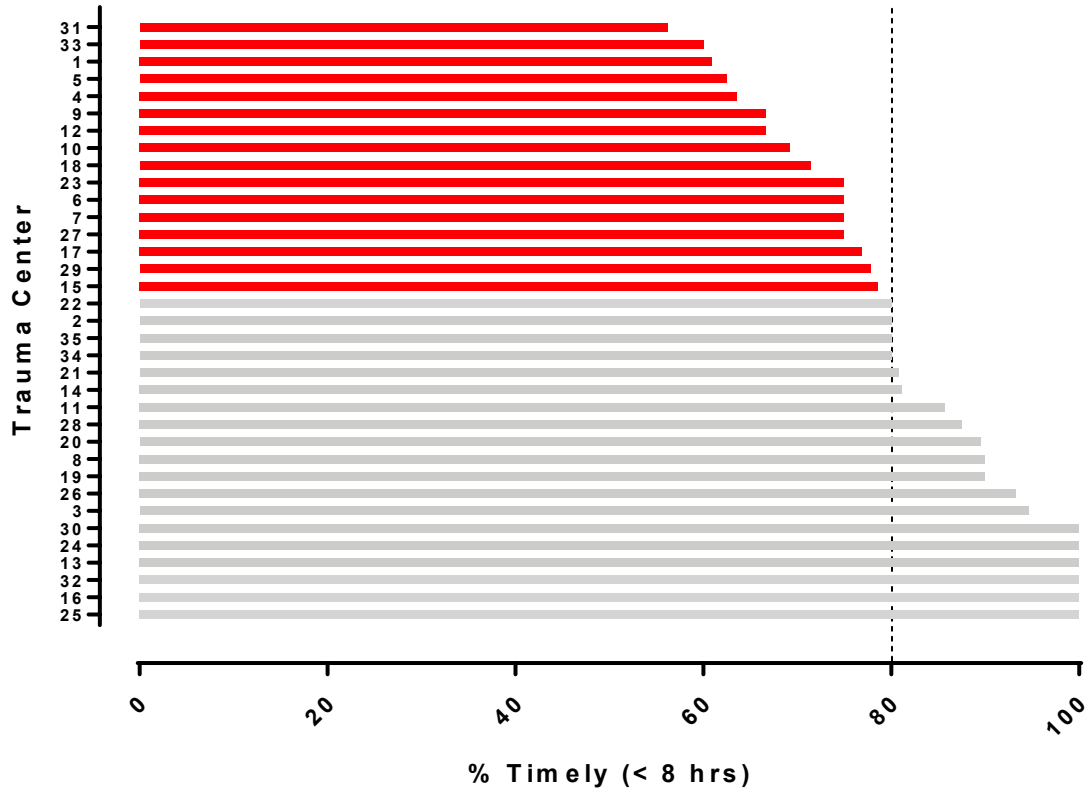
TBI Mortality (Raw)
Cohort 1 - MTQIP All



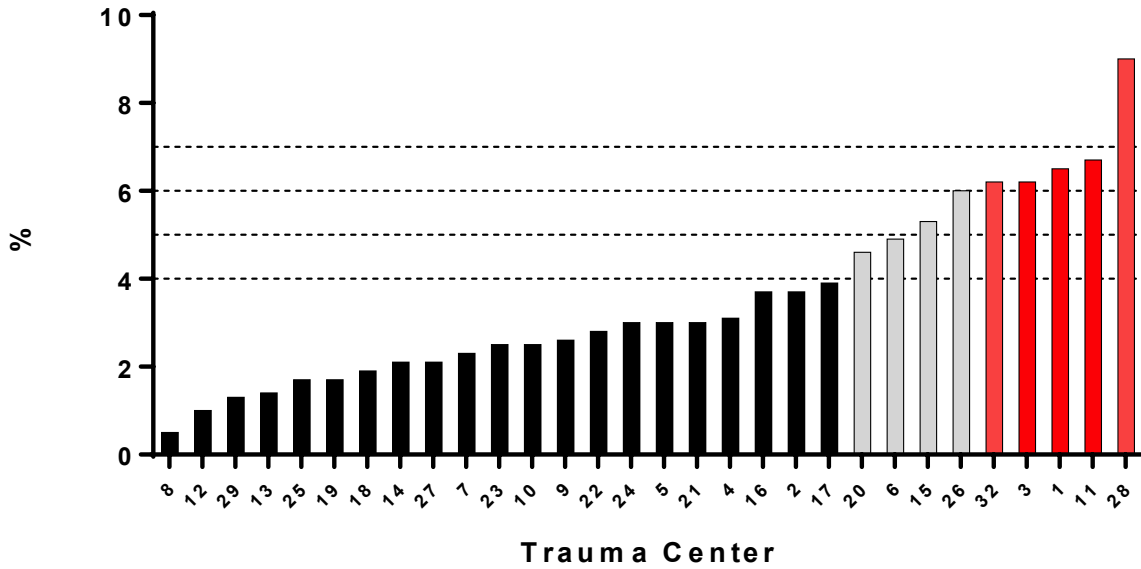
TBI Intervention
Cohort 1 - MTQIP All



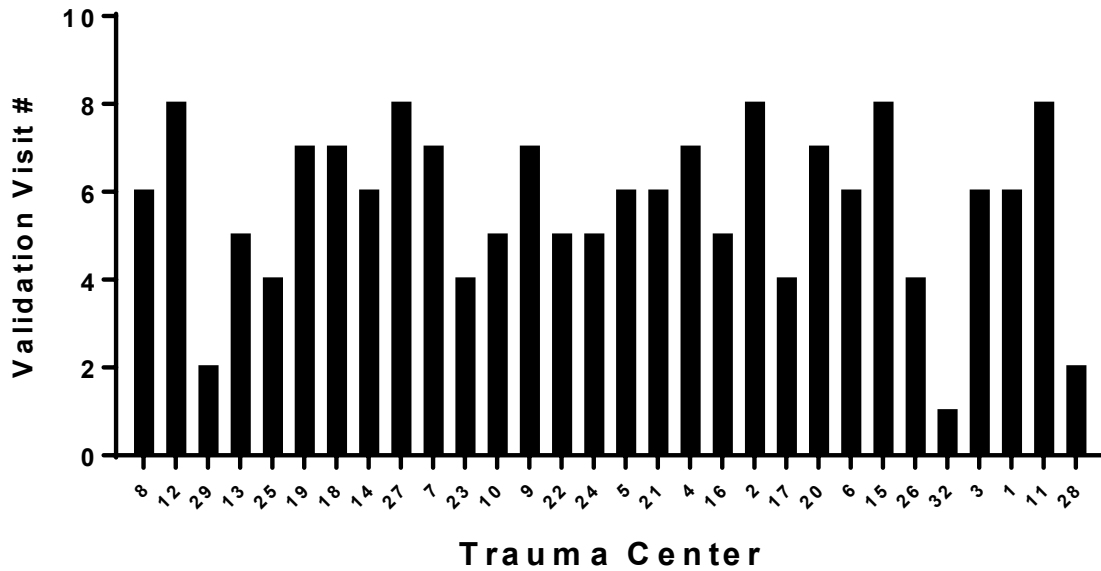
TBI Intervention Timing Cohort 1 - MTQIP All



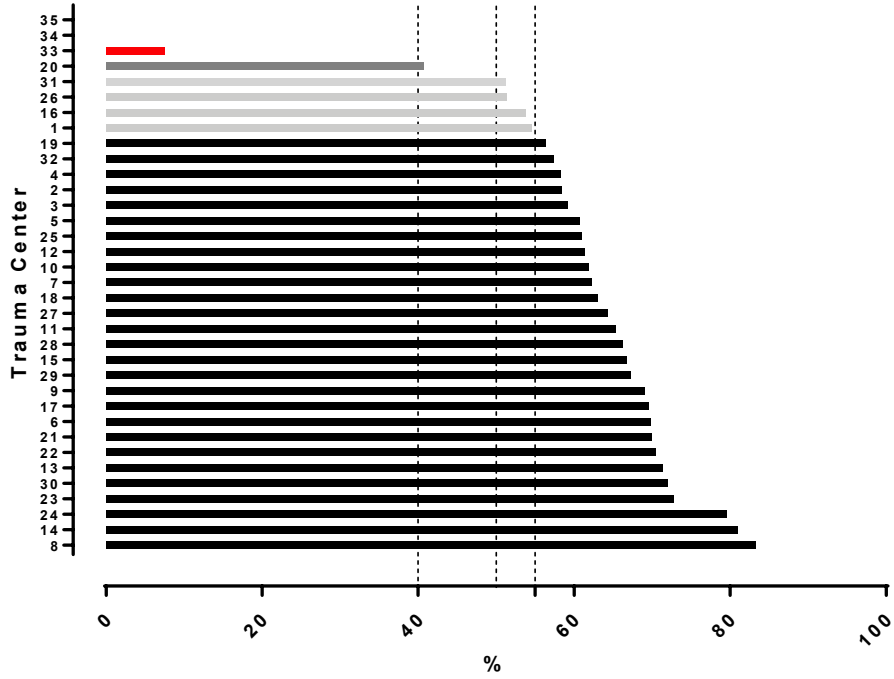
Data Validation Discrepancy Rate Last Processed Report



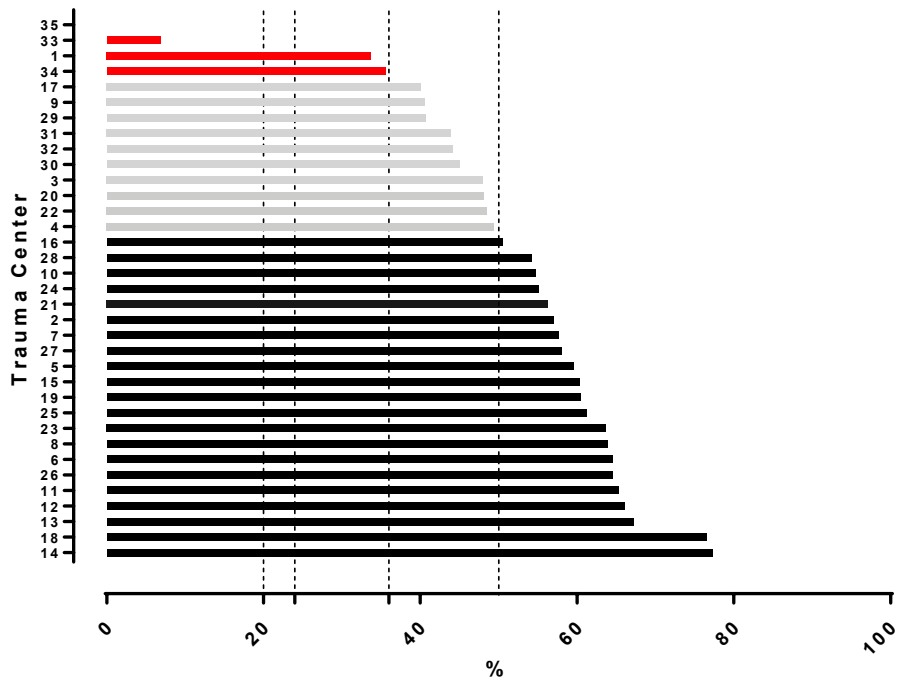
Total Data Validation Visits



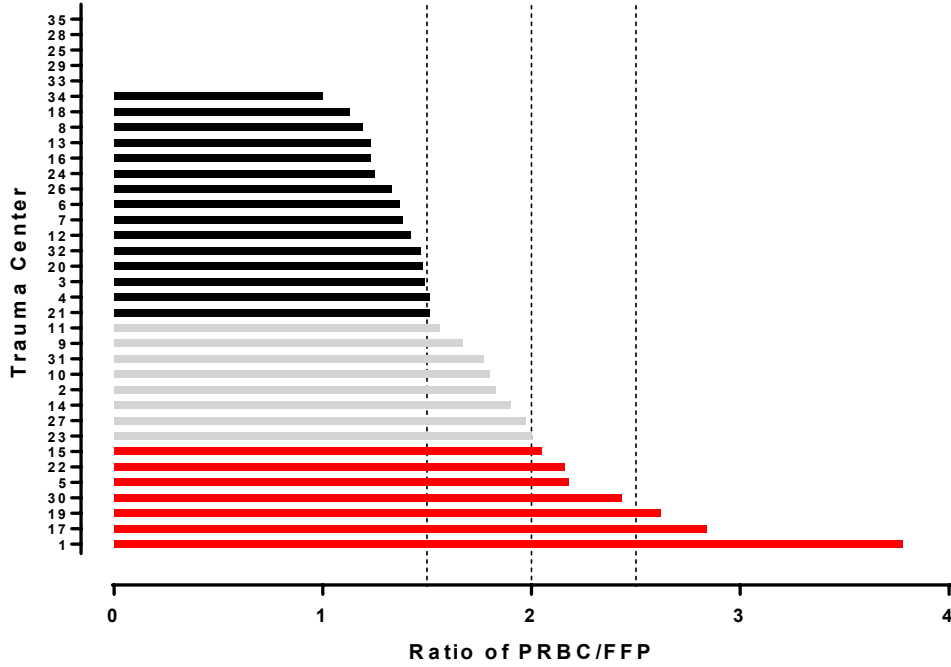
VTE Prophylaxis Timing <= 48 hrs
 Cohort 2 - Admit to Trauma
 1/1/18 - 1/31/19



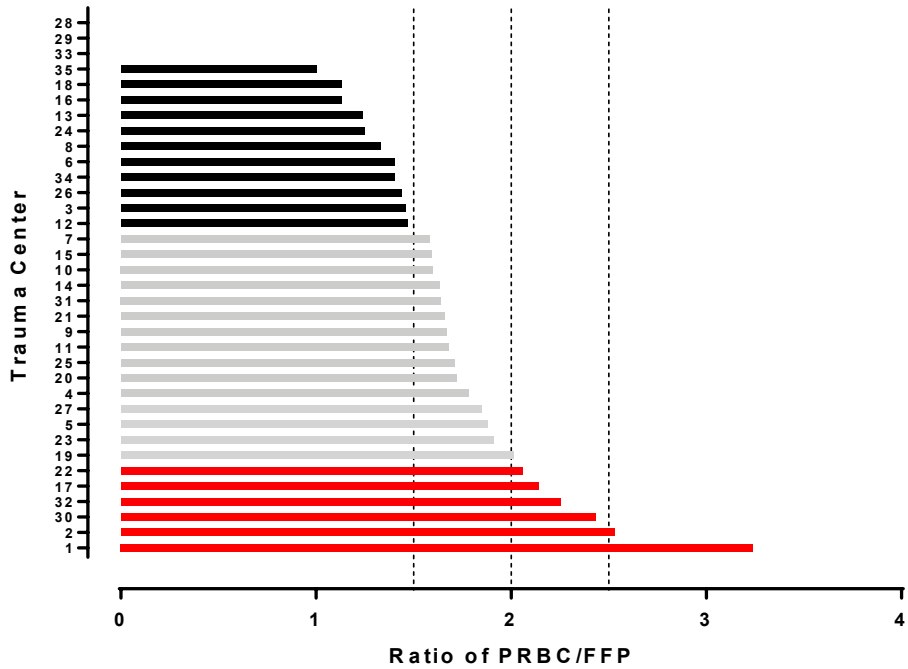
VTE Prophylaxis Type - LMWH
 Cohort 2 - Admit to Trauma
 1/1/18 - 1/31/19



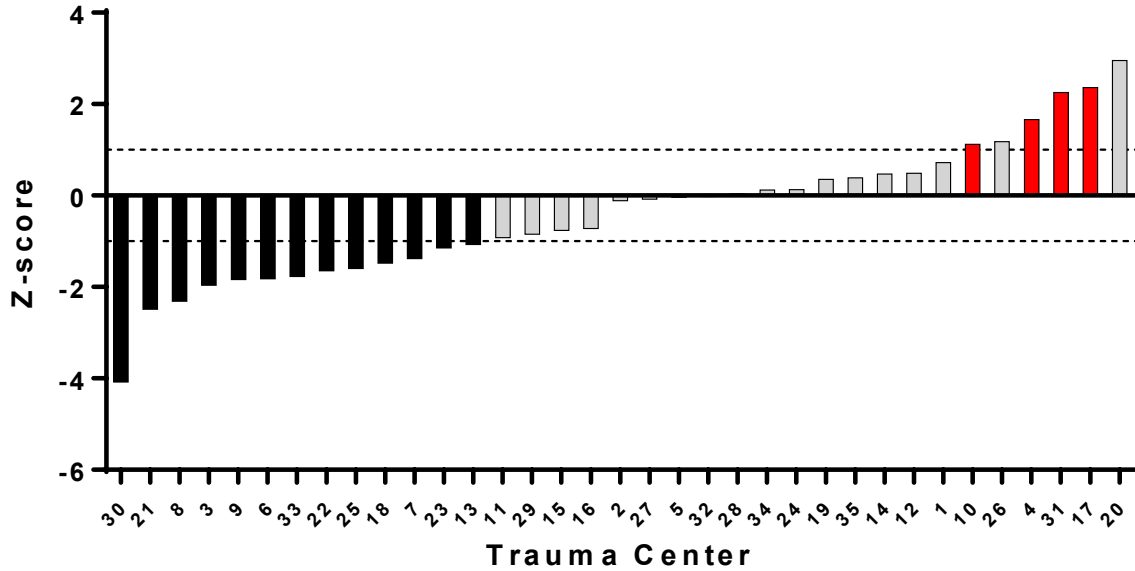
Blood Product Ratio in first 4 hrs if ≥ 5 uPRBCs
Cohort 1 - MTQIP All
1/1/18 - 1/31/19



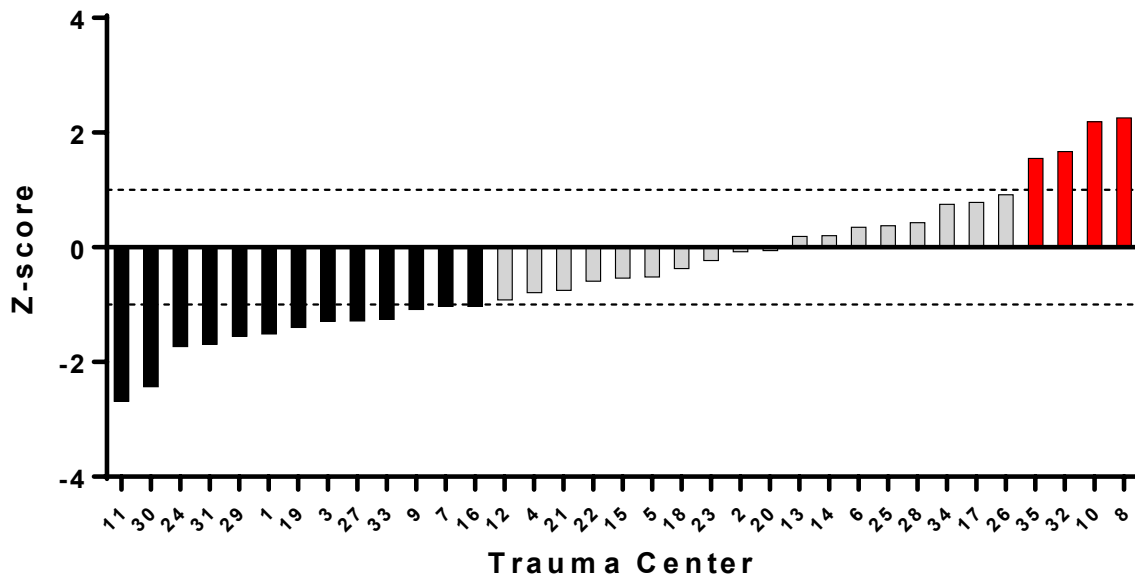
Blood Product Ratio in first 4 hrs if ≥ 5 uPRBCs
Cohort 1 - MTQIP All



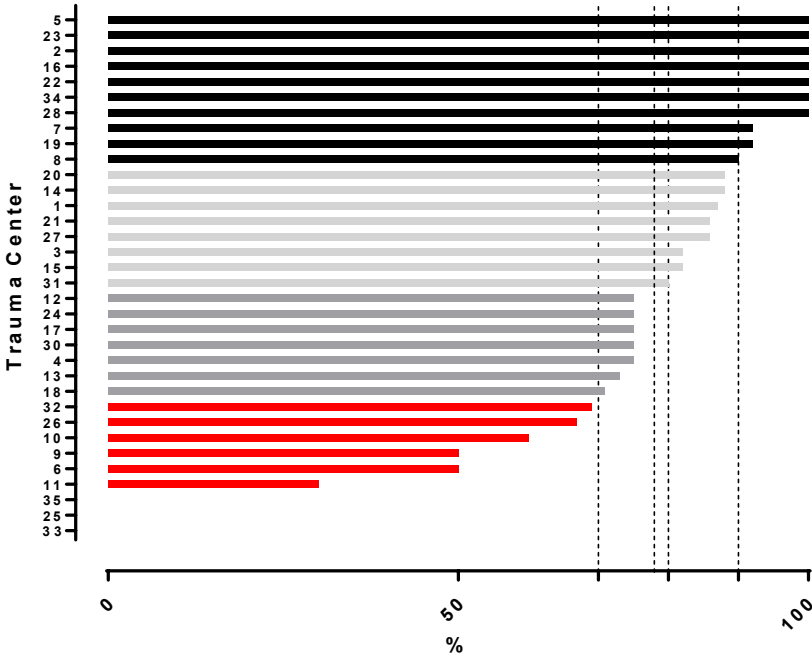
**Z-score - Serious Complication Rate
Cohort 2 - Admit to Trauma
7/1/16 - 1/31/19**



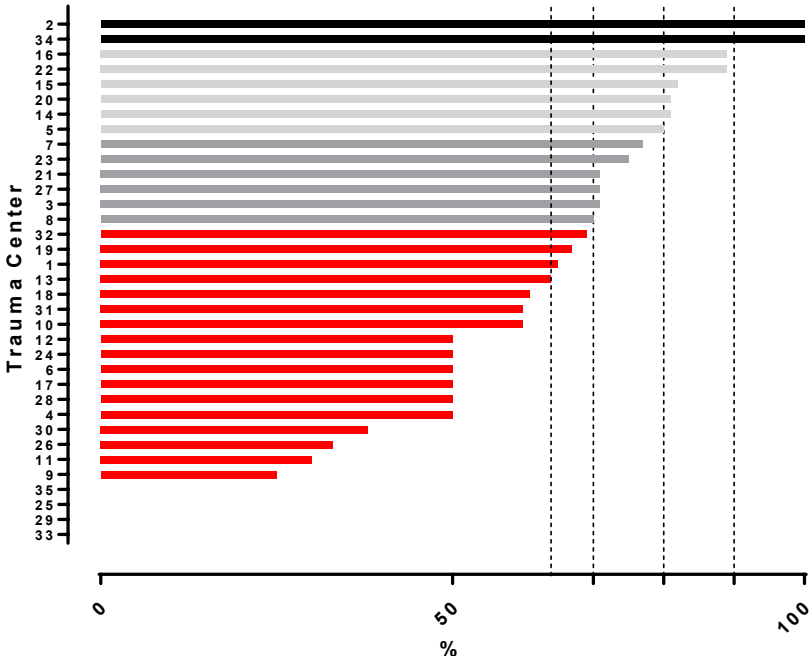
**Z-score - Mortality Rate
Cohort 2 - Admit to Trauma
7/1/16 - 1/31/19**



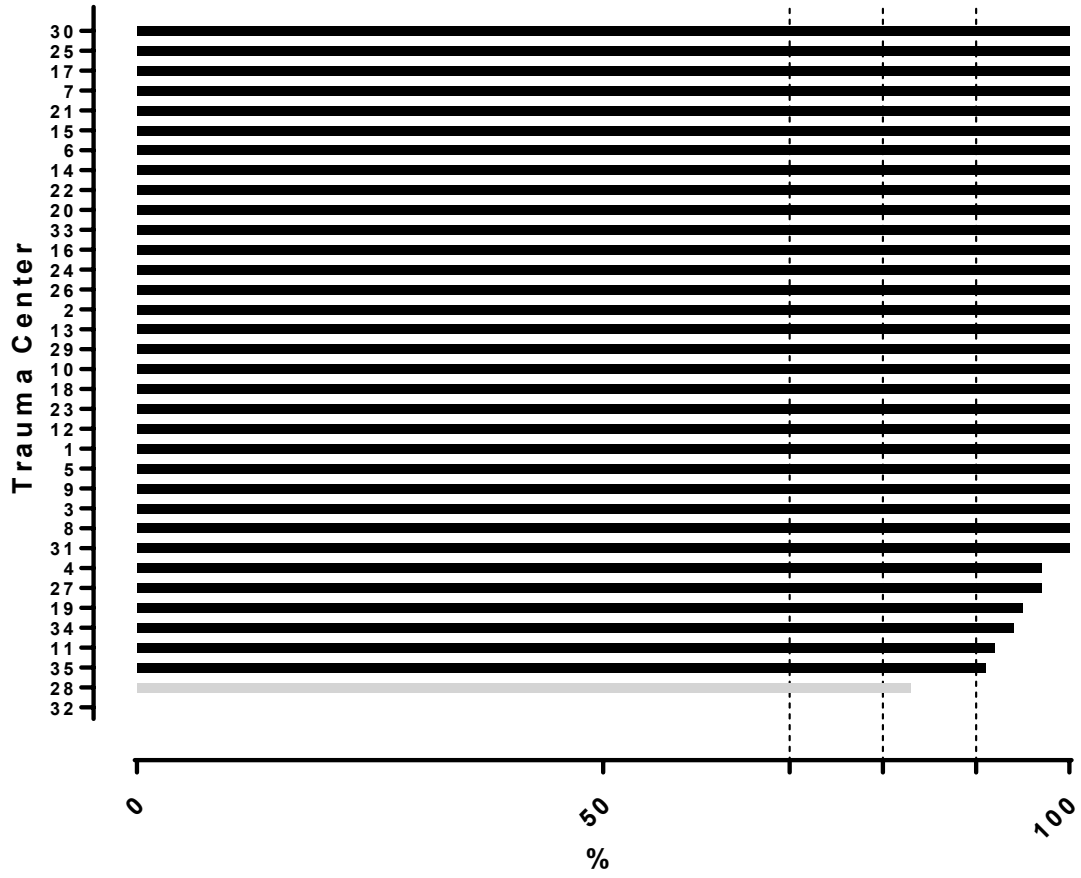
Open Fracture - Time to Abx \leq 120 min
Cohort 1 - MTQIP All
7/1/18 - 1/31/19



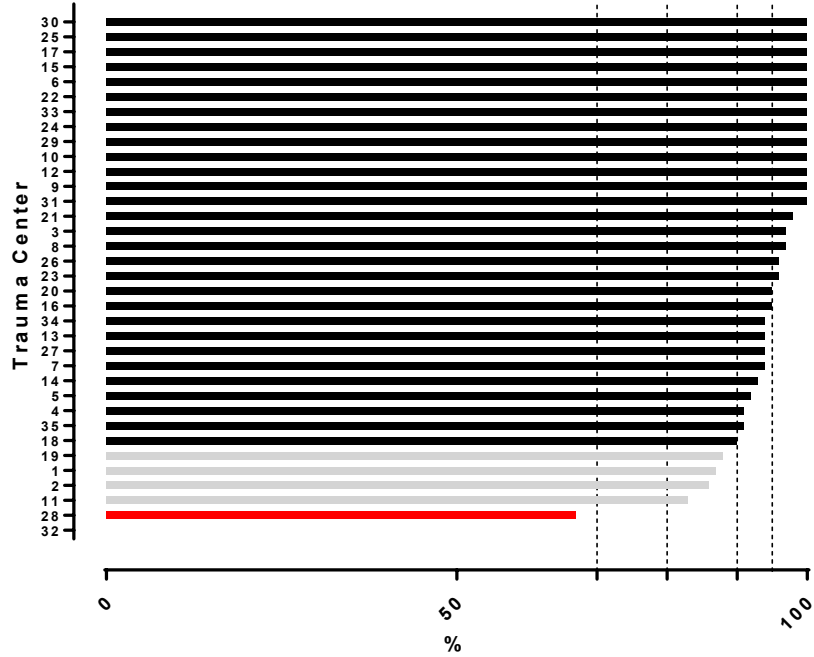
Open Fracture - Time to Abx \leq 60 min
Cohort 1 - MTQIP All
7/1/18 - 1/31/19



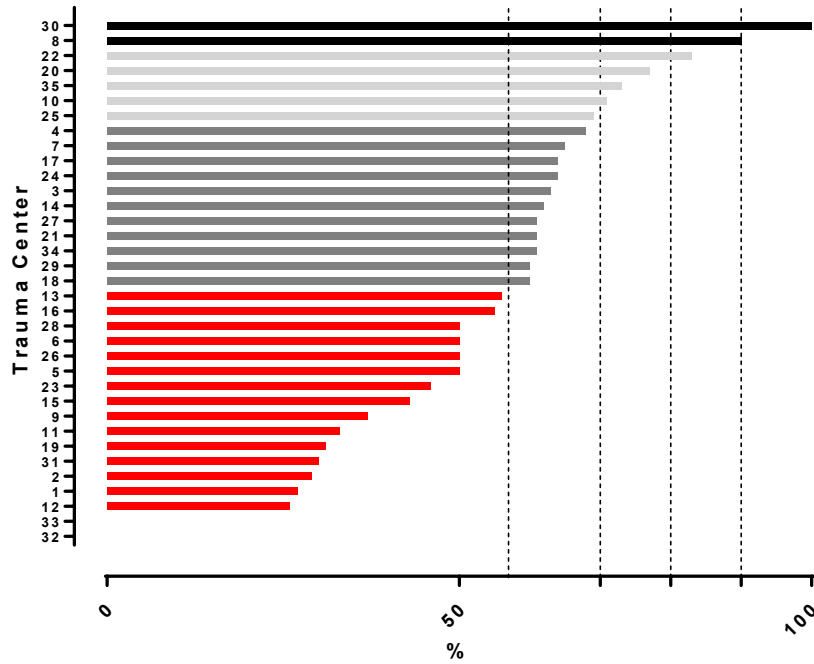
Head Injury and Anticoagulation - Head CT Date/Time
Cohort 1 - MTQIP All
7/1/18 - 1/31/19



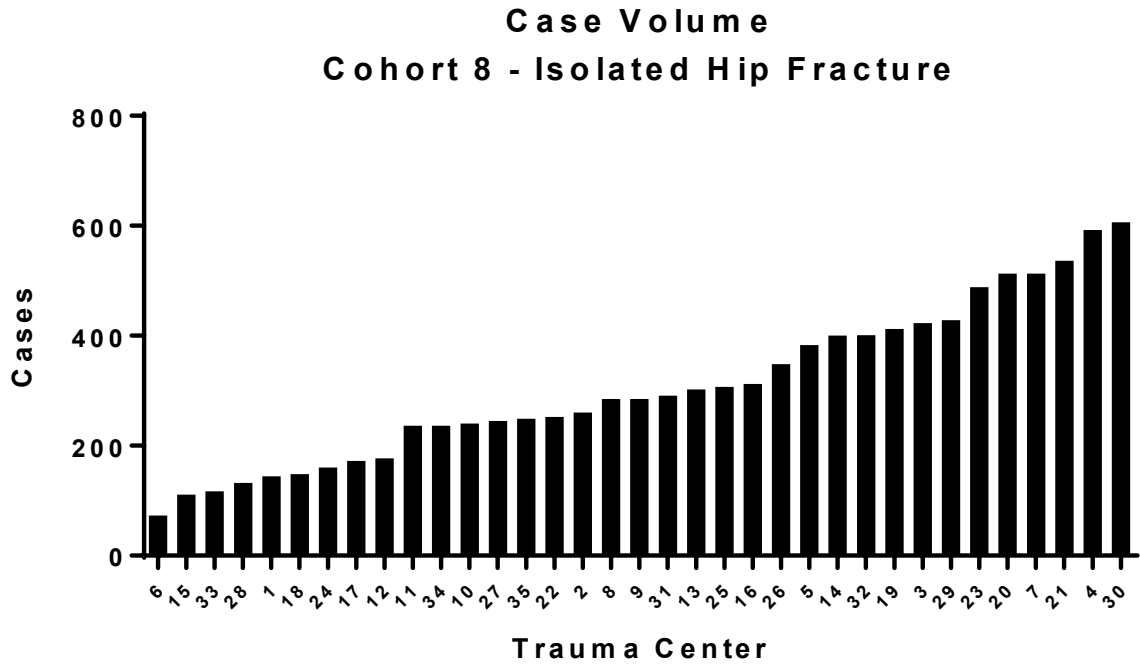
Head Injury and Anticoagulation - Head CT < 4 hrs
 Cohort 1 - MTQIP All
 7/1/18 - 1/31/19



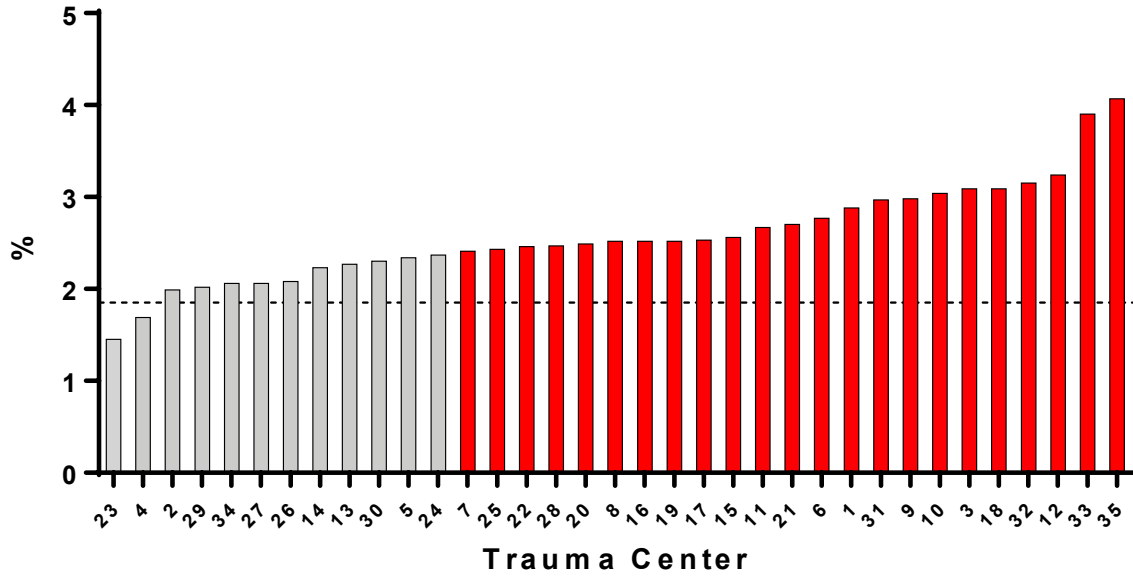
Head Injury and Anticoagulation - Head CT < 1 hr
 Cohort 1 - MTQIP All
 7/1/18 - 1/31/19



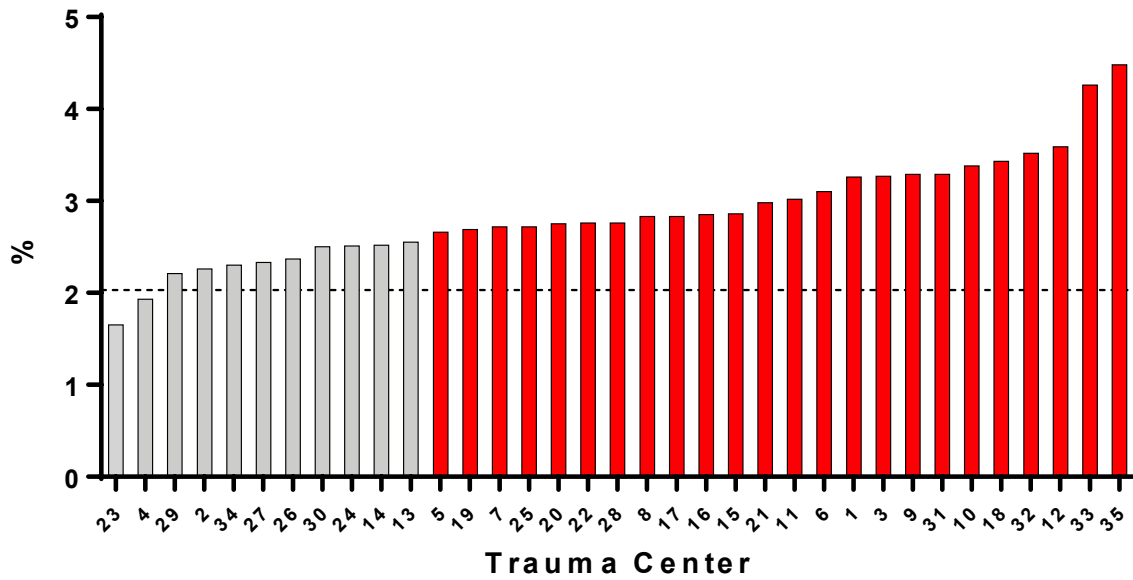
Isolated Hip Fracture



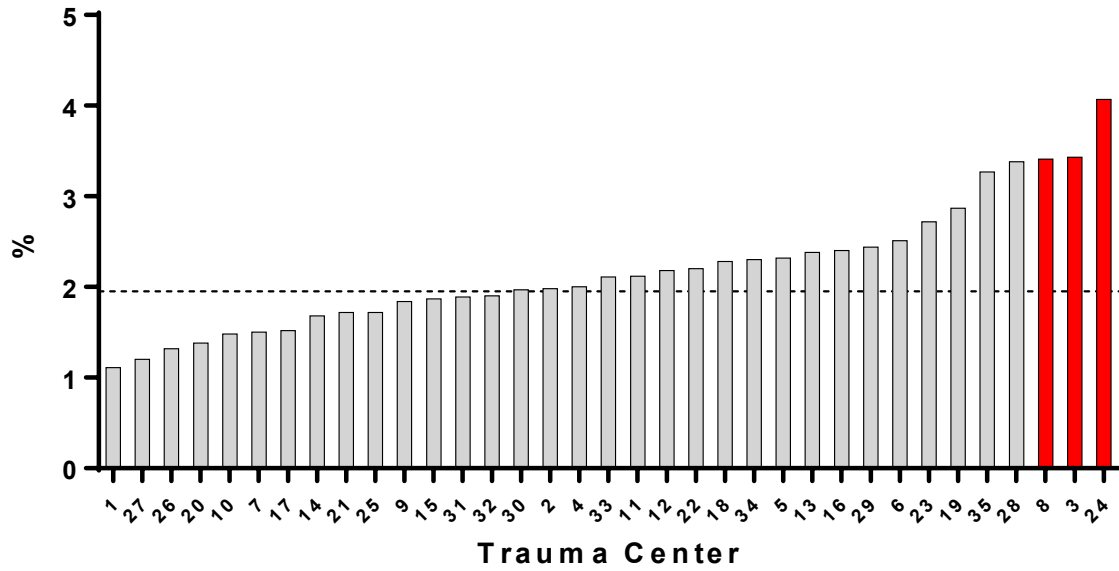
**Mortality w/o DOA
Cohort 8 - Isolated Hip Fracture**



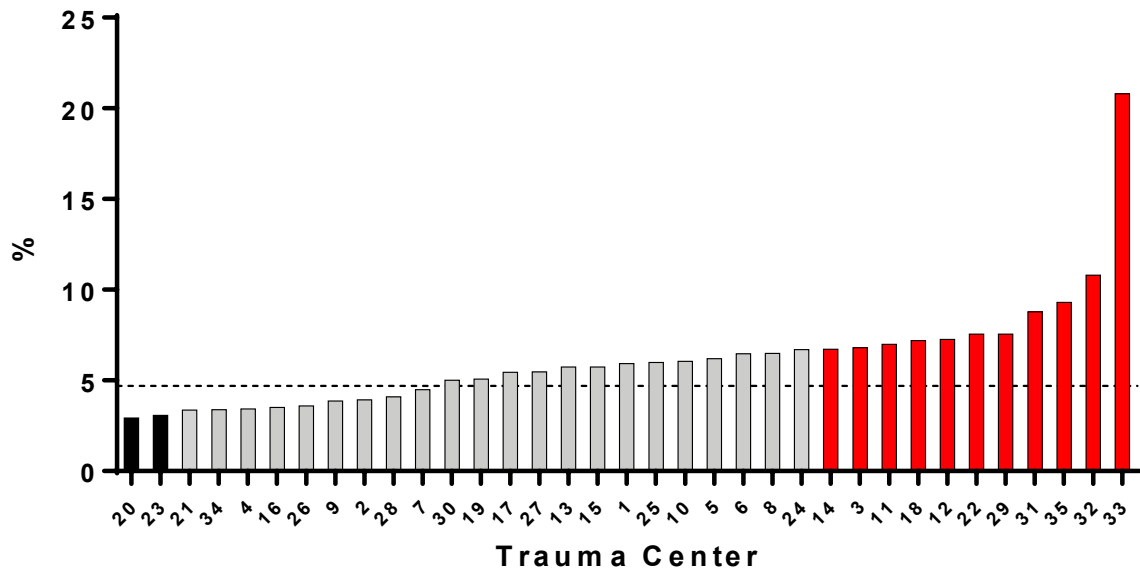
**Mortality w/o DOA, Age ≥ 65
Cohort 8 - Isolated Hip Fracture**



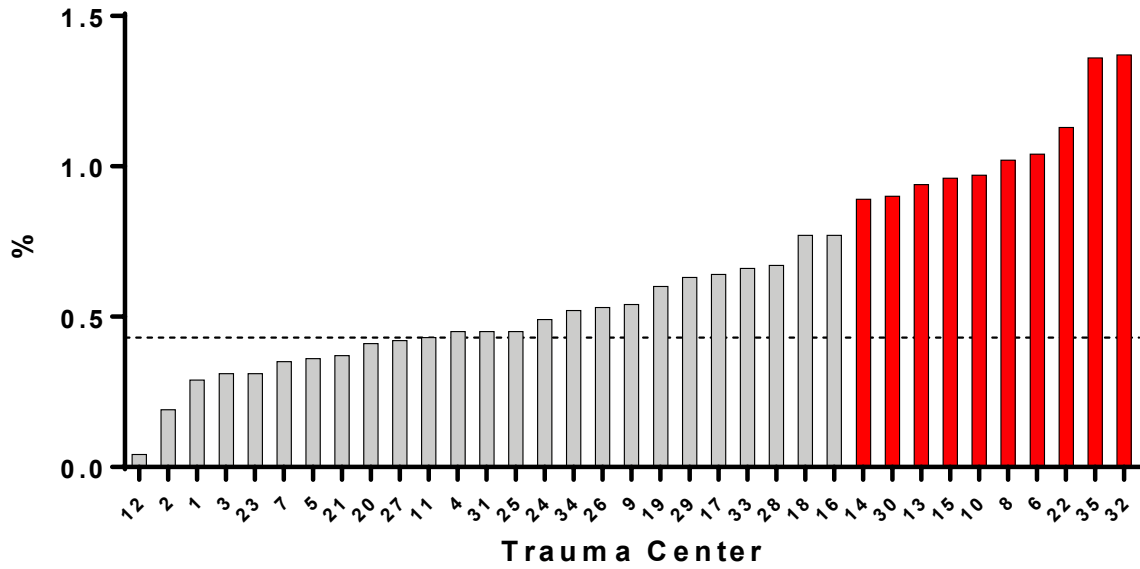
**Mortality or Hospice w/o DOA
Cohort 8 - Isolated Hip Fracture**



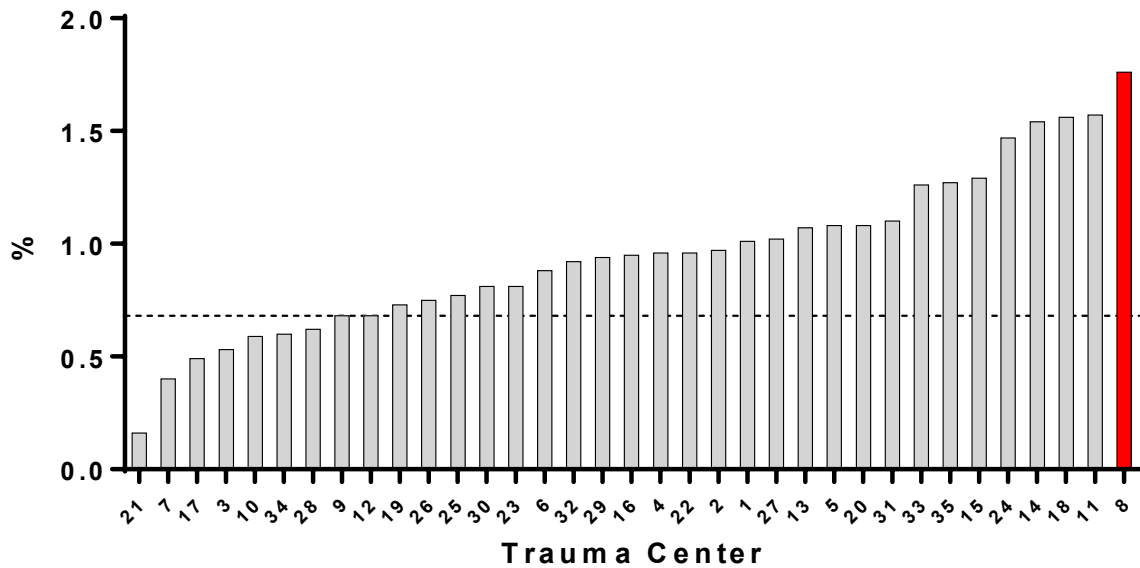
**Serious Complications
Cohort 8 - Isolated Hip Fracture**



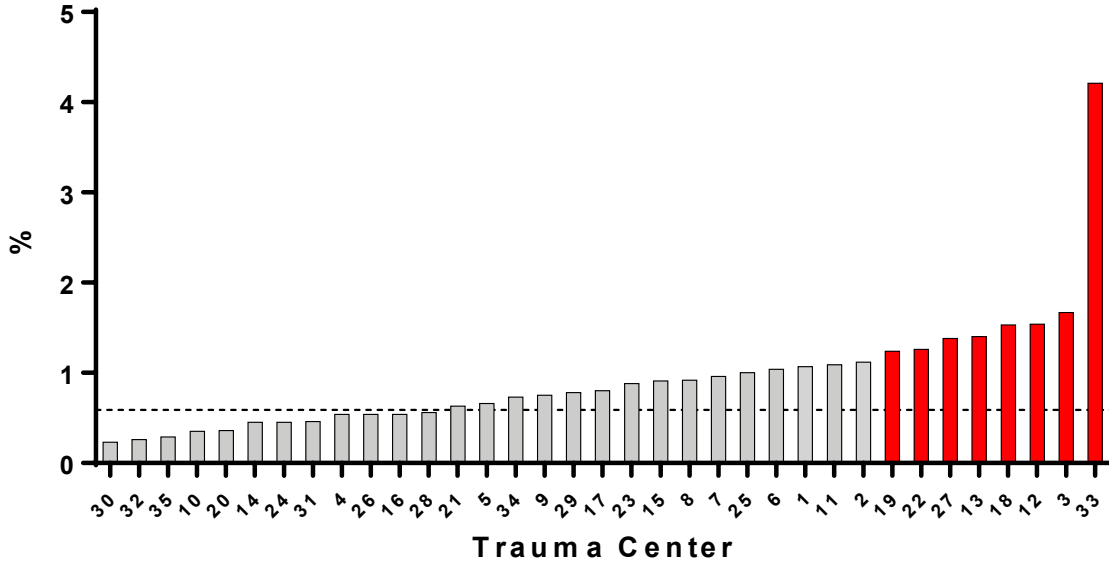
**Cardiac Arrest with CPR
Cohort 8 - Isolated Hip Fracture**



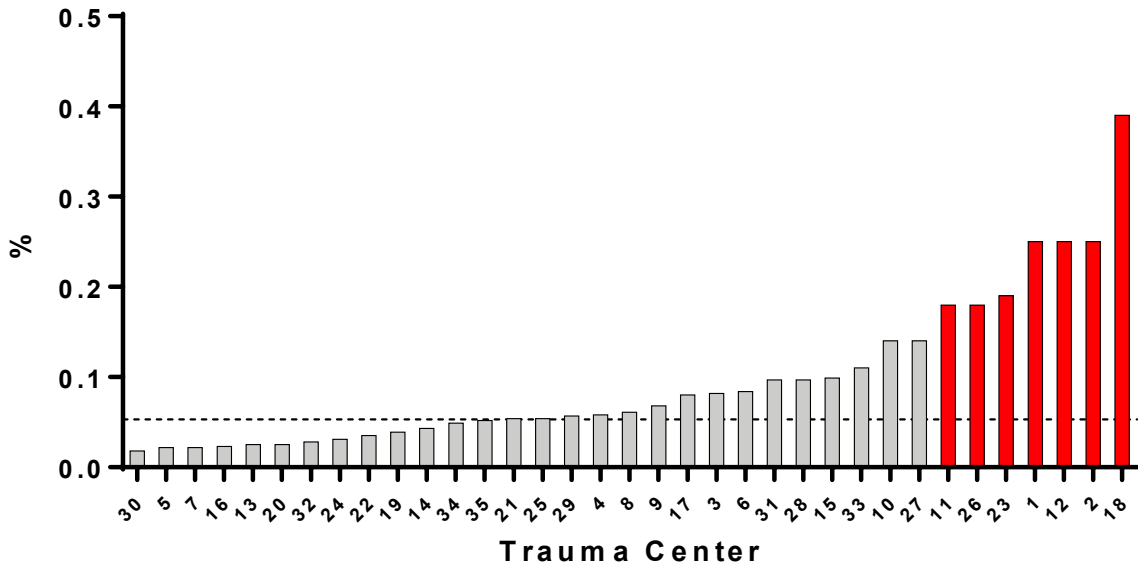
**Myocardial Infarction
Cohort 8 - Isolated Hip Fracture**



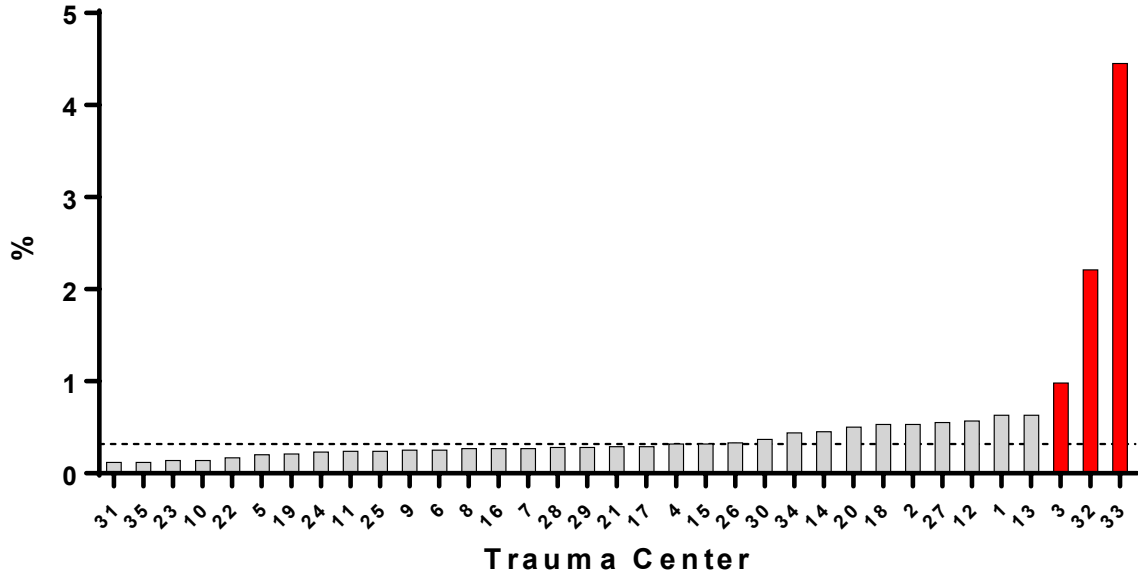
Pneumonia
Cohort 8 - Isolated Hip Fracture



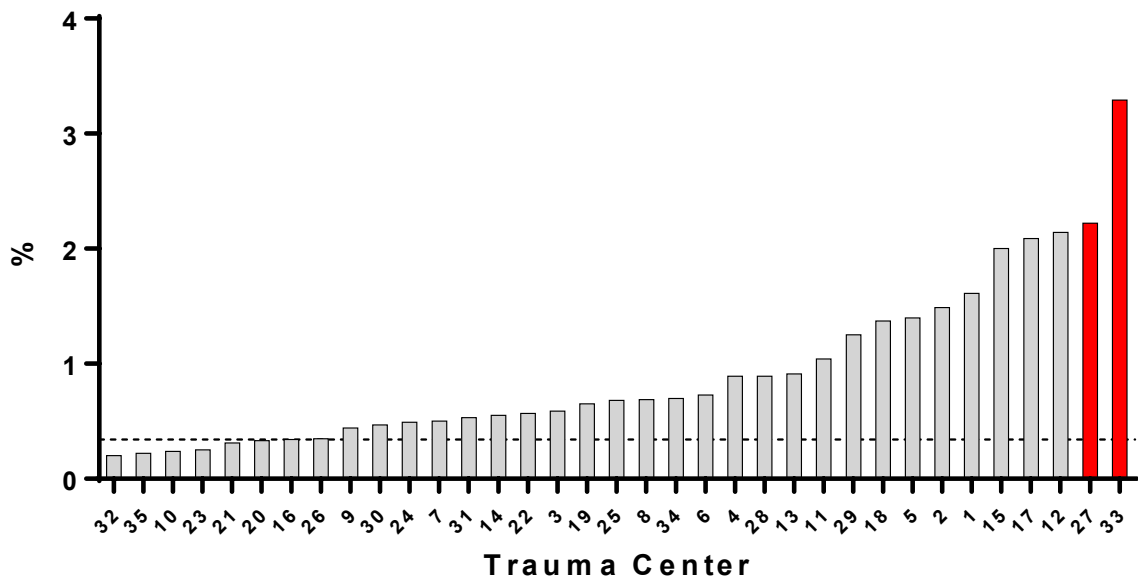
VAP
Cohort 8 - Isolated Hip Fracture



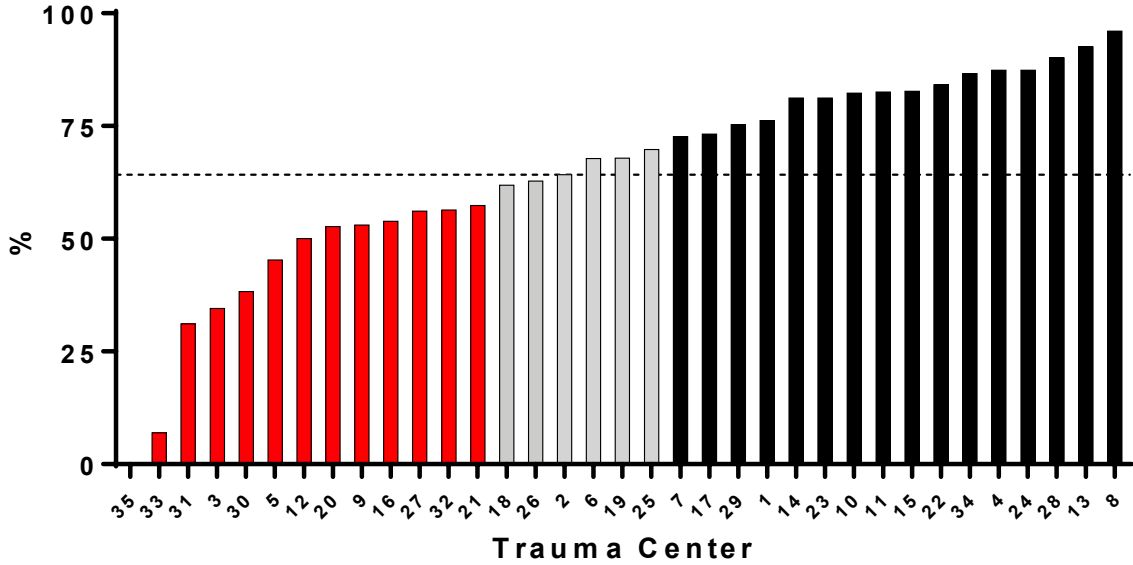
Acute Renal Failure Cohort 8 - Isolated Hip Fracture



CAUTI Cohort 8 - Isolated Hip Fracture



**VTE Prophylaxis Heparin, LMWH <= 48 hrs
Cohort 8 - Isolated Hip Fracture**



**DVT
Cohort 8 - Isolated Hip Fracture**

