Launching our Quality Program

"We are developing a critical mass of faculty and staff excited about this effort," says Dr. John Sweeney, who is leading Emory Surgery’s Quality Program, a comprehensive initiative charged with building robust information systems that can be used by divisions within the department to improve performance and provide superior outcomes for our patients. "People realize that as we move forward, this type of self-evaluation and development of performance improvement plans will provide us with powerful tools to serve patients better. As our quality of care increases and yields even more impressive markers of success, I anticipate that our extramural funding from the likes of the NIH and the Agency for Healthcare Research and Quality will increase for these types of quality initiatives."

The quality program is firmly grounded by participation in the University Healthcare Consortium (UHC) Quality and Accountability Program and the American College of Surgeons National Surgical Quality Improvement Program (ACS/NSQIP).

An alliance of 104 academic medical centers and 220 of their affiliated hospitals, UHC represents approximately 90% of the nation's non-profit academic medical centers. Member hospitals can benchmark with other hospitals by accessing UHC’s transparent, web-enabled database, and by reviewing four UHC-generated quarterly management reports: the Key Indicator Report, Quality and Safety Management Report, Clinical Outcomes Report, and Hospital Quality Measures Report.

The ACS/NSQIP employs a prospective, peer controlled, validated database to quantify 30-day risk-adjusted surgical outcomes, allowing comparison of outcomes among all hospitals in the program. Data encompassing such variables as preoperative risk factors and 30-day postoperative mortality and morbidity is collected, validated, and submitted by trained Surgical Clinical Reviewers (SCRs) at
each site; our SCRs are Judy Lewis, RN, and Amy Newell, RN. Enrolled hospitals receive their data via comprehensive semiannual reports and real-time, continuously updated, online benchmarking reports. Both sets of reports allow participating sites to continually monitor their quality improvement efforts and to compare, on a blinded basis, their surgical outcomes with those of peer hospitals and with national averages.

"The data we're compiling from ACS/NSQIP and UHC is allowing us to identify areas needing improvement. The next step is to form performance improvement teams and initiate protocols for each division," says Dr. Sweeney. "We've begun to identify quality reps for each division to lead these protocols."

To track the department's clinical performance, division-specific quality scorecards are being developed with the assistance of the EHC Quality Office. "Areas needing improvement will be defined, then we'll meet with division chiefs to review these areas and devise strategies to tackle any shortfalls."

Regardless of how the numerous contentious issues surrounding the nation's healthcare system resolve, the quality improvement imperative currently galvanizing our clinical institutions will transform healthcare, and Dr. Sweeney believes that the traction Emory Surgery's quality effort is gaining will allow it to play a major role in that transformation. He's also quick to credit Dr. Larsen for his role in getting the program up and running. "His support was integral and inspiring," he says.

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**OF NOTE**

**Multidisciplinary study of innovative technique yields promising results**

Dr. Keith Delman and Dr. David Kooby, two of our surgical oncologists, and Dr. Viraj Master, Dr. Wayland Hsiao (photo unavailable at press-time), and Dr. Kenneth Ogan of the Department of Urology recently completed an initial clinical study of a highly innovative technique that may significantly decrease the morbidity associated with lymph node dissection for melanoma patients. "Feasibility of a Novel Approach to Inguinal Lymphadenectomy: Minimally Invasive Groin Dissection for Melanoma," published in *Annals of Surgical Oncology*, concluded that the procedure is feasible for patients with melanoma as demonstrated by nodal yield and visual inspection, that it may reduce complication rates and wound dehiscence (separation of a surgical incision or rupture of a wound closure), and that eliminating the inguinal incision typically associated with the standard method obviates the need for routine sartorius muscle transposition and minimizes the risk of exposed vessels.

While offering excellent regional control, the open method of inguinal lymphadenectomy for metastatic melanoma is reported to have a complication rate as high as 50%, with wound dehiscence occurring in more than half of these patients. Isolated attempts at minimally invasive groin dissection were attempted in 2003 and 2006 by other groups, but Emory’s
multidisciplinary team modified these methods to allow for a dissection that would be anatomically appropriate for melanoma.

"We performed the procedure on five patients with histologically confirmed inguinal metastases from melanoma," says Dr. Delman. "Instead of doing a groin incision, which many believe is the primary culprit for the high morbidity rate, we did the melanoma dissection through three ports located at strategic points." Built into the procedure were methods that insured that the dissections were identical to those that would have been performed through an open approach. The results were positive: median nodal yield was ten (range, 4-13), the median hospital stay was one day, and none of the patients suffered wound dehiscence.

Since the completion of the study, the group has applied this minimally invasive approach in over 40 groin dissections for a variety of indications, including extramammary Paget's disease, metastatic anorectal neuroendocrine carcinoma, penile carcinoma, and scrotal cancer, removing nodes as large as 5.6 cm and reducing the general operative time experienced during the original study. "We’ve embarked on the next step in analyzing the potential of this procedure," says Dr. Delman, "with a prospective, randomized trial comparing minimally invasive inguinal lymphadenectomy to the open approach."

CONGRATULATIONS

Dr. Wood appointed President of the Southern Surgical Association

At the Southern Surgical Association’s 2009 Annual Meeting this month, Dr. William Wood was elected President for 2009-2010, succeeding Dr. L. D. Britt of Eastern Virginia Medical School. Regional in name only, the SSA is one of the most prestigious surgical organizations in the nation and was established in 1887. Dr. Wood has been a member since 1992.

Dr. Wood has served in numerous distinguished positions in other surgical societies, including President of the Society of Surgical Oncology, Georgia Surgical Society, Atlanta Surgical Association, and Southeastern Surgical Congress; Board of Directors of the American Cancer Society – Massachusetts Division, American Society of Clinical Oncology, and the Christian Medical Association; and Board of Governors of the American College of Surgeons.

"This is an honor to the entire Department of Surgery, not to me alone," says Dr. Wood, "and is particularly sweet the same year that another of our faculty, Dr. LaMar McGinnis, was appointed President of the American College of Surgeons."
Dr. Kirk named Editor-in-Chief of AJT

Dr. Alan Kirk has been named the new Editor-in-Chief of the American Journal of Transplantation (AJT). His appointment will begin September 2010. "This is a great honor and accomplishment for Allan and for the Emory Transplant Center," says Dr. Tom Pearson. "It will further define our Center as an international leader in the field."

Dr. Stuart Knechtle also praised the selection, saying, "Dr. Kirk's knowledge of clinical and basic transplant science is unsurpassed, and his equanimity and creativity in the setting of difficult decisions will be great assets to the AJT."

In addition to having the highest worldwide impact factor of any journal in transplantation, AJT is the second highest rated surgical journal. It is the official journal of the two major transplant societies in North America, the American Society of Transplantation (AST) and the American Society of Transplant Surgeons (ASTS), and Dr. Kirk has been an active member of both for 15 years. In fact, he is just finishing a term on the AST's Board of Directors.

In addition to being a talented clinician and adult and pediatric kidney surgeon, Dr. Kirk is an outstanding scientist and leader in the very top tier of transplantation research. Since joining our faculty as a Georgia Research Alliance Eminent Scholar, he has successfully competed for significant extramural funding from the NIH, the FDA, the Juvenile Diabetes Research Foundation (JDRF), and other entities. Prior to Emory, Dr. Kirk was a Senior Investigator and the Founding Director and Chief of the Transplantation Branch at the National Institute of Diabetes, and Digestive and Kidney Diseases (NIDDK) of the NIH, where he was awarded two Bench-to-Bedside Awards by the NIH Clinical Center.

"This is a great opportunity to play a meaningful role in advancing both the practice and the science of this fascinating discipline," says Dr. Kirk.

ANNOUNCEMENT

The Robert A. Bays Lectureship

In recognition of Dr. Robert Bays’ 17 years of exemplary service to Emory, the Division of Oral and Maxillofacial Surgery will inaugurate the Robert A. Bays Lectureship at Emory Surgical Grand Rounds on January 21, 2010. The featured speaker will be Dr. Richard Haug, who will present "Gunshot Injuries to the Face" from 7:00 am-8:00 am in the Emory University Hospital Auditorium. Dr. Haug, Professor and Chief of the Division of Oral and Maxillofacial Surgery and Associate Dean for Clinical Affairs of the University of Kentucky College of Dentistry, is a preeminent speaker on oral and maxillofacial trauma.
Dr. Bays was Chairman of the Department of Oral and Maxillofacial Surgery of the Emory School of Dentistry from 1986-1991, after which he was Chief of Emory Surgery’s Division of Oral and Maxillofacial Surgery until his retirement in 2003. During his Emory tenure, he also directed OMFS and dentistry services at Emory University Hospital, the formerly-named Crawford Long Hospital, Grady, and Egleston. While Dr. Bays’ primary commitment was to education, he also upgraded the division into a center for the surgical correction of dento-facial jaw deformities and temporomandibular joint disorders, spreading its referral base into the entire southeastern region and beyond. "I would estimate that during his time here," says Dr. Martin Steed, who worked with Dr. Bays as an OMFS resident, "Dr. Bays performed thousands of procedures in those areas."

Dr. Bays served as a consultant to the ADA Commission on Dental Accreditation for OMS Residency Programs; was on the Advisory Committee to the American Board of Oral and Maxillofacial Surgery; served as President of the Georgia Society of Oral and Maxillofacial Surgeons; was the designated OMFS surgeon for the 1996 Atlanta Olympic Games; received the Simon P. Hullihen Award from the West Virginia Society of Oral and Maxillofacial Surgeons and the West Virginia University School of Dentistry in 2000; and was involved with various influential studies of the outcomes of orthognathic surgery, including a landmark investigation of the outcome of rigid fixation for mandibular osteotomies. Since his retirement, he has continued giving lectures on orthognathic surgery to our OMFS residents.

Following the January 21 lecture, there will be a reception and continental breakfast in the Whitehead Room. Those interested in attending should RSVP Eileen Murphy at eileen.murphy@emory.edu.

A RESIDENT'S PERSPECTIVE
by Denis A. Foretia, MD, General Surgery, PGY-2

Training residents in and for minimally-invasive surgery

The impact of the advances that have been made and continue to be developed in minimally-invasive surgery cannot be understated. In fact, our patients are beginning to perceive minimally invasive surgical approaches as status quo, making the ability to perform technically challenging, thoracoscopic or laparoscopic operations increasingly essential to the practicing surgeon. Undoubtedly, the need to train surgical residents to become technically facile with cutting-edge procedures is now a priority.

When Dr. John Hunter was appointed in 1992 to direct the Endosurgery Unit, Emory was one of the first academic centers in the country to establish such a program (Dr. Hunter now chairs the Department of Surgery at OHSU). Today, it has grown tremendously and is a part of the Emory Center for Experiential Learning (EXCEL), a comprehensive simulation program directed by Dr. David McClusky. Using state-of-the-art facilities in the new Medical Education Building, the center provides an opportunity for residents to gain significant competencies in various endosurgical as well as open techniques.

"As an adjunct to preparing learners for opportunities in the operating room, the simulation lab will become an integral part of our training program," says Dr.
McClusky. “It can’t ever completely replace the operating room experience, but it can certainly improve technical skills so that trainees will be able to safely perform very complex and challenging operations.”

The Department has been steadfast in supporting curricula that seeks to improve residents’ minimally invasive surgical performance. Graduating chief residents are now required to complete the Fundamentals of Laparoscopic Surgery (FLS) course offered by the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES), as research has shown that individuals who successfully complete FLS training have improved manual dexterity in the field of laparoscopic surgery. In addition, the department recently sponsored the ProMIS Laparoscopic Colorectal Surgery Course. Co-directed by Dr. David Kooby and Dr. Jay Singh, the course taught novel techniques in colorectal surgery to nine of our senior residents. It is hoped that similar opportunities will become more common for residents in the future.

EMORY SURGERY HOLIDAY PARTY

A unified celebration of the holidays

On December 11th, Emory Surgery inaugurated a new tradition: celebrating the holidays together! Against the backdrop of the Emory Conference Center, faculty, staff, residents, and their guests made the most of a wonderful opportunity to enjoy each other outside of the workplace. Photos provided by Dr. Jinnie Kim and Harriet Moore.

The festive banquet table

Joe Gransden and his band

Dr. Keith Delman, Cloe Larsen, Dr. Chris Larsen

Lisa Carlson (director of academic programs and administration, surgery) and her partner Johanna Hinman (associate director of operations, Emory Prevention Research Center)
UPCOMING

Events calendar

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<tr>
<th>EVENT</th>
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<tr>
<td>SURGICAL GRAND ROUNDS Mandibular Reconstruction</td>
<td>7:00-8:00 am, January 7, 2010</td>
<td>Auditorium, Emory University Hospital</td>
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<tr>
<td>Presented by J. Trad Wadsworth, MD Associate Professor, Department of Otolaryngology, Emory University School of Medicine</td>
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<tr>
<td>General Surgery Resident Interviews</td>
<td>7:30 am-4:00 pm, January 9, 2010</td>
<td>EUH, WCI, tour of Grady</td>
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<td>SURGICAL GRAND ROUNDS Joseph M. Craver Visiting Teacher Lectureship New Advances in Coronary Artery Bypass Surgery</td>
<td>7:00-8:00 am, January 14, 2010</td>
<td>Auditorium, Emory University Hospital</td>
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<td>Presented by Joseph F. Sabik, MD Chairman, Department of Thoracic and</td>
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**SURGICAL GRAND ROUNDS**  
*Robert A. Bays Lectureship*

**Gunshot Injuries to the Face**  
Presented by Richard Haug, DDS  
Professor and Chief, Division of Oral and Maxillofacial Surgery  
Associate Dean for Clinical Affairs  
University of Kentucky College of Dentistry

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<tr>
<td>SURGICAL GRAND ROUNDS</td>
<td>7:00-8:00 am</td>
<td>January 21, 2010</td>
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**Surgery Chiefs Meeting**  
Dr. Grant Carlson will present

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<td>5:30-7:00 pm</td>
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**EUH Surgical Services Performance Day**  
A quarterly review and analysis of surgical services performance among Anesthesia, Surgery, and OR Staff of Emory University Hospital.  
*ATTENDANCE BY INVITATION ONLY*

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