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Use of SRTR CUSUM charts: When should I hit the panic button?

Jon Snyder, PhD Nicholas Salkowski, PhD Andrew Wey, PhD

Overview

Background & Overview - Snyder

Posttransplant CUSUMs - Salkowski

Pretransplant CUSUMs - Wey

doi: 10.1111/j.1600-6143.2005.01191.x

Transplant Center Quality Assessment Using a Continuously Updatable, Risk-Adjusted Technique (CUSUM)

D. A. Axelrod^a, M. K. Guidinger^b, R. A. Metzger^c, R. H. Wiesner^d, R. L. Webb^e and R. M. Merion^{e,f,*}

Introduction

The provision of timely, risk-adjusted outcome information is crucial to improving clinical care processes. Frequent, real time monitoring of surgical outcomes allows physician leaders to validate clinical process improvements or to identify potentially correctable practice patterns. While standard statistical techniques, including average mortality, risk-adjusted average mortality and multivariate modeling, can be used to identify changing levels of performance at a national level, they have been found to be relatively insensitive to small changes in outcomes that occur at the hospital level (1–4). Furthermore, over time, these methods are likely to produce false positive results due to the need for multiple comparisons of the same data.

Axelrod et al. Am J Transplant 2006; 6:313-323.

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Meeting Report

doi: 10.1111/j.1600-6143.2012.04130.x

Report of a Consensus Conference on Transplant Program Quality and Surveillance

B. L. Kasiske^{a,b,*}, M. A. McBride^c, D. L. Cornell^d,

R. S. Gaston^e, M. L. Henry^f, F. D. Irwin^g,

A. K. Israni^{a,b,h}, N. W. Metzlerⁱ, K. W. Murphy^j,

A. I. Reed^k, J. P. Roberts^l, N. Salkowski^b,

J. J. Snyder^{b,h} and S. C. Sweet^m

sess outcomes at small-volume transplant programs should be developed. More data on waiting list risk and outcomes should be provided. Monitoring and reporting of short-term living donor outcomes should be enhanced. Overall, there was broad consensus that substantial improvement in reporting outcomes of transplant programs in the United States could and should be made in a cost-effective manner.

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Center University of Minnesota Minnesota

Meeting Report

doi: 10.1111/j.1600-6143.2012.04130.x

Report of Program (I.4. Provide transplant centers, the MPSC and CMS with tools such as the cumulative sum (CUSUM) technique and tools to allow subgroup analysis to facilitate quality assessment and performance improvement.

lant

transplant programs

B. L. Kasiske^{a,b,*}, I

R. S. Gaston^e, M. L., ,

A. K. Israni^{a,b,h}, N. W. Metzlerⁱ, K. W. Murphy^j,

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^aDepartment of Medicine, Hennepin County Medical Center University of Minnesota Minneapolis Minnesota

doi: 10.1111/ajt.12628

Special Article

New Quality Monitoring Tools Provided by the Scientific Registry of Transplant Recipients: CUSUM

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¹Scientific Registry of Transplant Recipients, Minneapolis Medical Research Foundation, Minneapolis, MN ²Department of Medicine, Hennepin County Medical Center, Minneapolis, MN *Corresponding author: Jon J. Snyder, jsnyder@srtr.org specific report; SPC, statistical process control; SRTR, Scientific Registry of Transplant Recipients; STAC, SRTR Technical Advisory Committee

Received 22 August 2013, revised 18 November 2013 and accepted for publication 16 December 2013

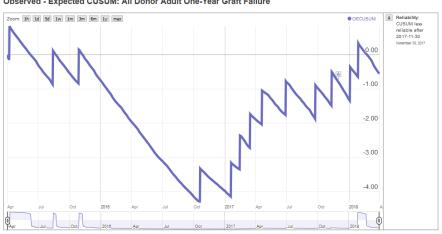
Introduction

CUSUMs (cumulative sum) are currently provided for the following metrics:

Posttransplant Graft/Patient Survival

Offer Acceptance

Observed - Expected CUSUM: All Donor Adult One-Year Graft Failure







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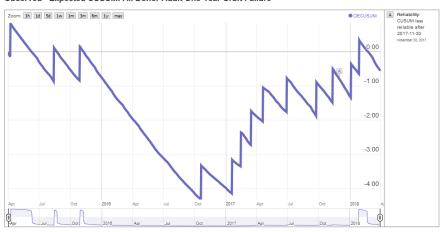
Post-transplant CUSUMs

Nicholas Salkowski, PhD

One-Sided vs. Two-Sided CUSUM Charts

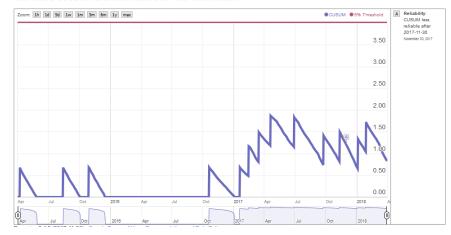
Two-Sided (Observed-Expected)

Observed - Expected CUSUM: All Donor Adult One-Year Graft Failure

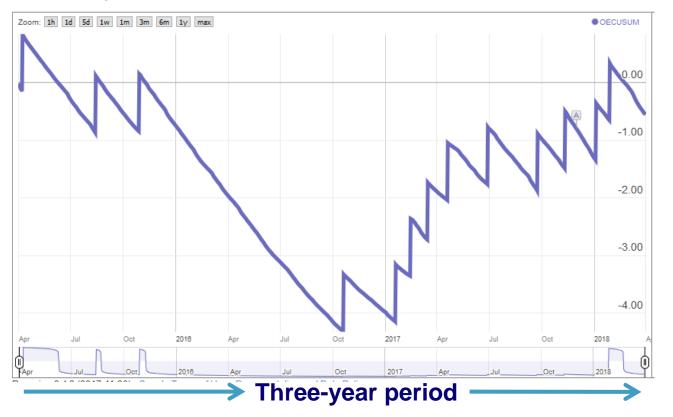


One-Sided (statistical test)

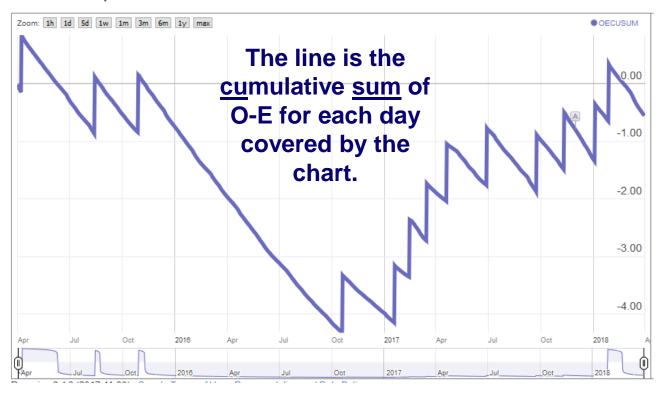
One-Sided CUSUM: All Donor Adult One-Year Graft Failure



Observed - Expected CUSUM: All Donor Adult One-Year Graft Failure



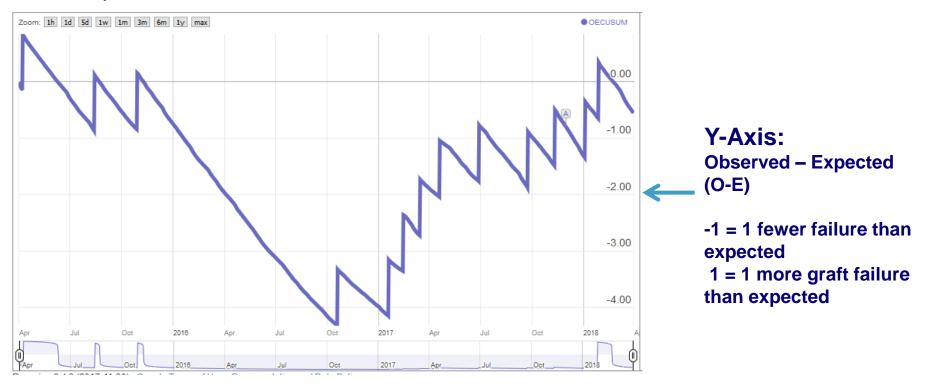
Observed - Expected CUSUM: All Donor Adult One-Year Graft Failure



How the two-sided chart is calculated

- On every day of the three-year period, any patient who is within 1 year of their transplant is included in the chart on that day.
- For each day, we calculate two numbers:
 - The number of graft failures reported on that day (O)
 - The number of expected (E) graft failures on that day for the patients who were at risk on that day. This is based on the risk adjustment models.
- The CUSUM value is arrived at by summing the O and E values from the start of the chart up until the specific day; thus the cumulative sum.

Observed - Expected CUSUM: All Donor Adult One-Year Graft Failure



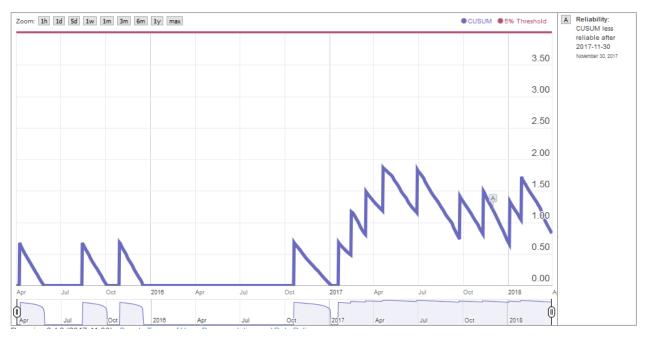
Observed - Expected CUSUM: All Donor Adult One-Year Graft Failure



Observed - Expected CUSUM: All Donor Adult One-Year Graft Failure

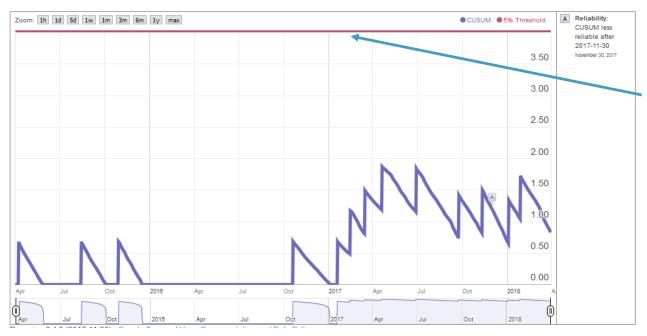


One-Sided CUSUM: All Donor Adult One-Year Graft Failure



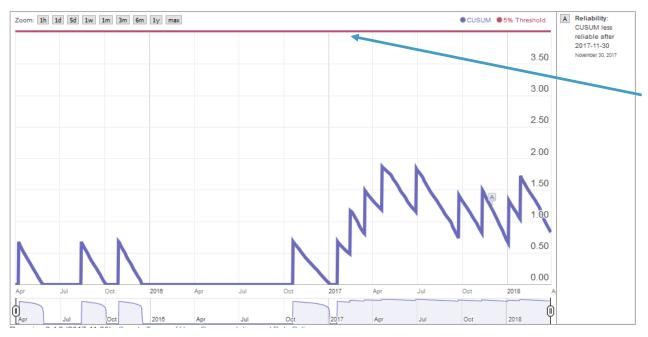
Attempts to discern whether the observed trends are "statistically significant" or perhaps just random noise.

One-Sided CUSUM: All Donor Adult One-Year Graft Failure



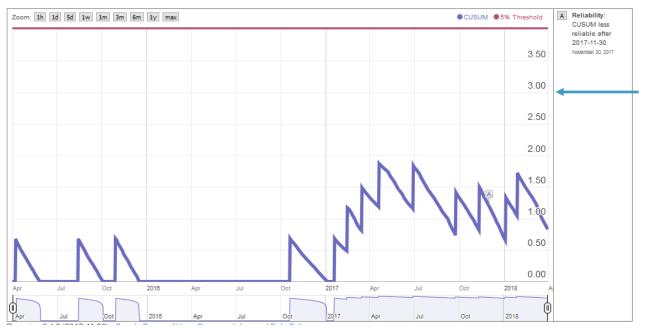
Has a red "5% Threshold line at the top of the chart. If the line hits the threshold, we conclude there is sufficient evidence of a real trend.

One-Sided CUSUM: All Donor Adult One-Year Graft Failure



It is called the "5% threshold" because there is about a 5% chance of a false positive if the chart hits this line.

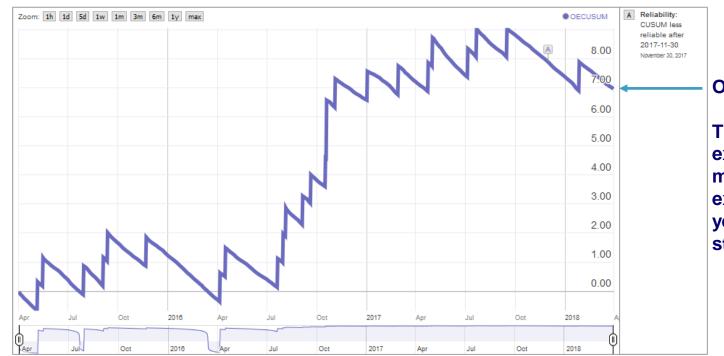
One-Sided CUSUM: All Donor Adult One-Year Graft Failure



Y-axis is more difficult to interpret (i.e., don't worry about the value). It is the value of the CUSUM test statistic. Importantly, it is not O-E.

2018-05-01

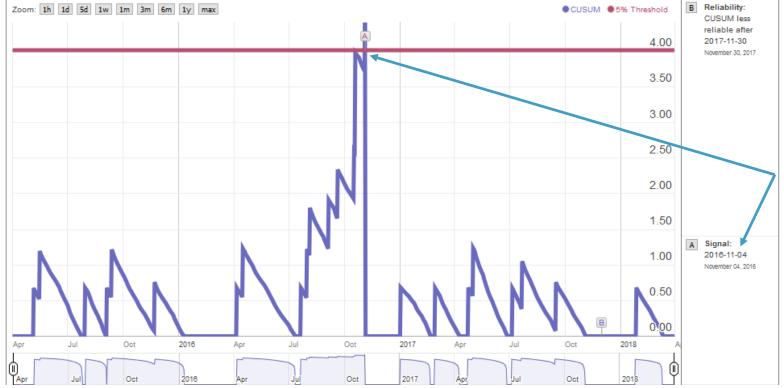
Observed - Expected CUSUM: All Donor Adult One-Year Graft Failure



O-E = 6.75

The liver program experienced almost 7 more failures than expected over the three-year period. Is this trend statistically significant?

One-Sided CUSUM: All Donor Adult One-Year Graft Failure



This chart signaled on 11/4/2016. This is when the chart had accumulated enough evidence that the observed trend was more than statistical noise (with a 5% chance this is a false positive).



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Offer Acceptance CUSUM charts

Andrew Wey, PhD

What is offer acceptance?

Offer acceptance is the propensity of programs to accept an offer compared to national acceptance practices after accounting for candidate and donor characteristics.

In other words, is a program more or less likely to accept a given offer?

Why care about offer acceptance?

Offer acceptance practices impact allocation efficiency: Above average acceptance practices were associated with higher organ yield (more transplants per donor) in kidney, liver, lung, and heart transplant.

Offer acceptance impacts the probability of waitlist mortality: Programs with above average offer acceptance transplant candidates at a higher rate, which lowers the probability of a candidate dying on the waiting list.

SRTR resources for offer acceptance

SRTR provides several resources for programs interested in offer acceptance practices:

- <u>Program-specific reports</u> summarize acceptance practices over a year, includes figures to illustrate acceptance relative to other programs
- <u>CUSUM reports</u> provide a trajectory of acceptance practices over time and a separate summary of recent acceptance practices within certain subgroups
- An <u>OPO offer acceptance report</u> summarizes the acceptance practices of programs for certain categories that may be hard-to-place

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Audience poll...

How many people use the offer acceptance CUSUM reports?



WELCOME TO THE SCIENTIFIC REGISTRY OF TRANSPLANT RECIPIENTS SECURE WEBSITE.

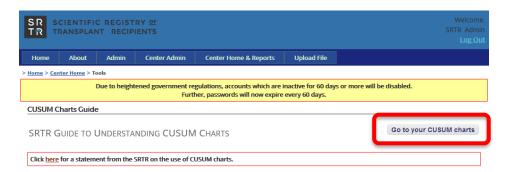
If you are an authorized user, please click on the icon on the top of the screen to log in. If you are unable to log in, please contact srtr@srtr.org or call 877-970-SRTR.



WELCOME TO THE SCIENTIFIC REGISTRY OF TRANSPLANT RECIPIENTS SECURE WEBSITE.

If you are an authorized user, please click on the icon on the top of the screen to log in. If you are unable to log in, please contact srtr@srtr.org or call 877-970-SRTR.





OVERVIEW

CUSUM (short for "cumulative sum") is a quality control method used in statistical analysis. CUSUM charting techniques are used to detect a change in a process. A CUSUM chart is constructed by plotting a transplant program sperformance over time. The chart consists of a line with a point plotted for each calendar day. On each day that no patient in that program dies or experiences a graft failure, the CUSUM line goes down. Conversely, on each day that a patient in that program dies or experiences a graft failure, the line goes up. If patients in the program die at the expected rate, the line on the CUSUM chart howers around zero. If patients in the program die at a higher than expected rate, the line goes up over time. Thresholds can be set to indicate when a program should react to the data in the chart, for example by initiating an internal review to determine whether action should be taken. Following recommendations from the OPTN-SRTR consensus conference (full conference materials can be reviewed at: http://www.srtr.org/cctpgs/default.aspp. SRTR is providing monthly CUSUM charts for transplant programs in the United States. These charts are posted on the SRTR secure website, and they are to be used solely to support quality monitoring initiatives within each program. This guide will help programs correctly interpret the information provided in these charts.

The links at the beginning and end of this overview will take you to your program's CUSUM report repository. Here you will see links to the monthly CUSUM reports. SRTR will provide monthly updates to the CUSUM charts in an effort to provide programs with the most up-to-date information possible. The most recent 3 months of charts are provided on the website so programs may review recent historical charts if they wish.

UNDERSTANDING YOUR PROGRAM'S CUSUM CHARTS

PERIOD OF TIME COVERED BY THE CHARTS

Each CUSUM report contains information from the most recent 3-year period. The most recent month covered by each chart is 2 months prior to the month in which the report was generated. For example, reports released in December 2013 will contain information through October 2013. Each report covers a full 3-year period prior to that month, e.g., November 2010 through October 2013. Each chart is accompanied by a note indicating that data might be less reliable in the most recent 4-month period given lags in data reporting. Timely reporting by programs will help ensure the CUSUM data are as accurate and up to date as possible.

OUTCOMES MONITORED IN THE CHARTS

SRTR provides information on the following transplant outcomes:





CUSUM Chart List

Houston Methodist Hospital, Houston, TX Center Code: TXMH

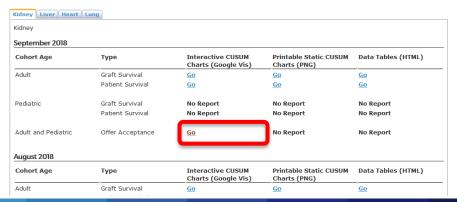
Special Announcement Regarding CUSUMs

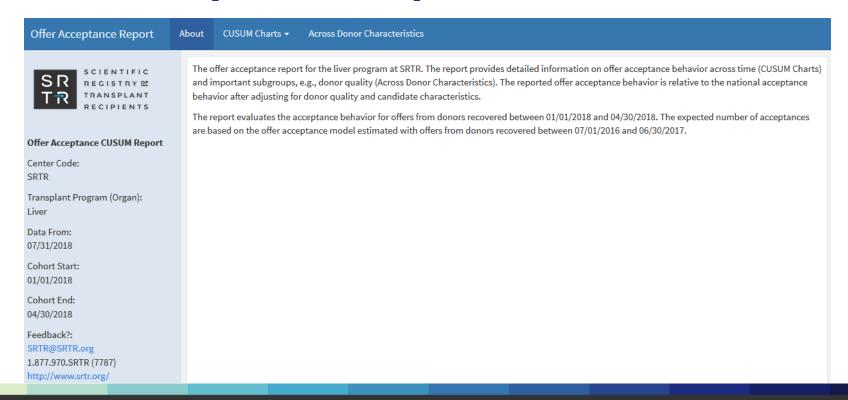
The Organ Procurement Transplantation Network (OPTN) experienced an unanticipated loss of its source for supplemental information identifying whether a patient is currently living or deceased. In April 2018, OPTN began receiving this information again, and is in the process of confirming a large volume of information. All patient status information that is ultimately confirmed will then be incorporated into the OPTN database and will be used in OPTN and SRTR data analyses and reporting, including the CUSUMS.

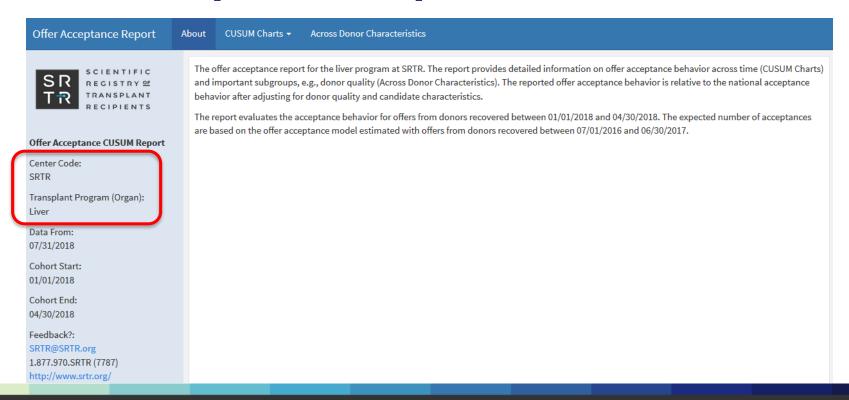
As soon as the updated information becomes available, data updates will be implemented to the CUSUMs. Thank you for your patience as we work with our partners to resolve this issue.

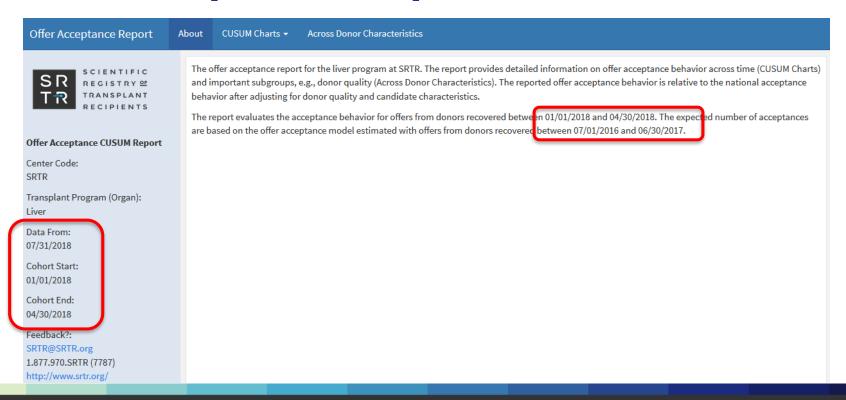
CUSUM Error Identified and Resolved

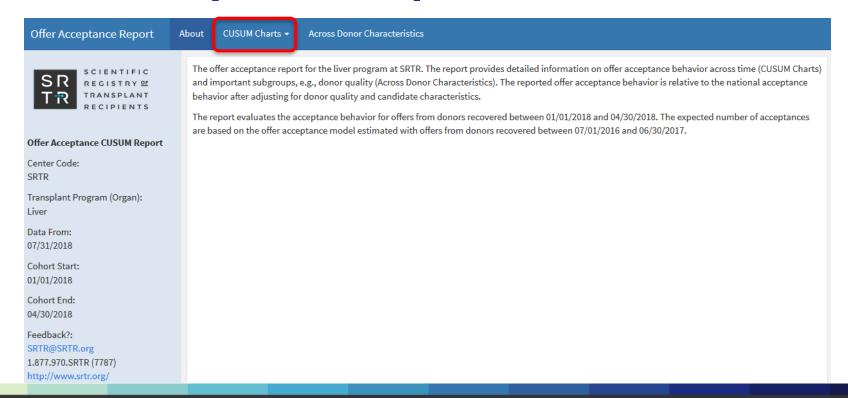
An error was identified in the CUSUM charts, and has since been resolved. Read more about the issue here. Thank you for your patience as we worked to resolve this issue. (Posted 2/22/2018 at 9:33 a.m. CDT)

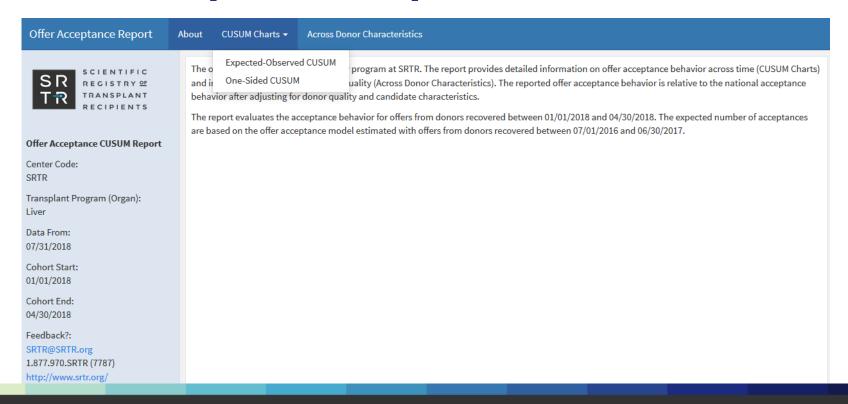


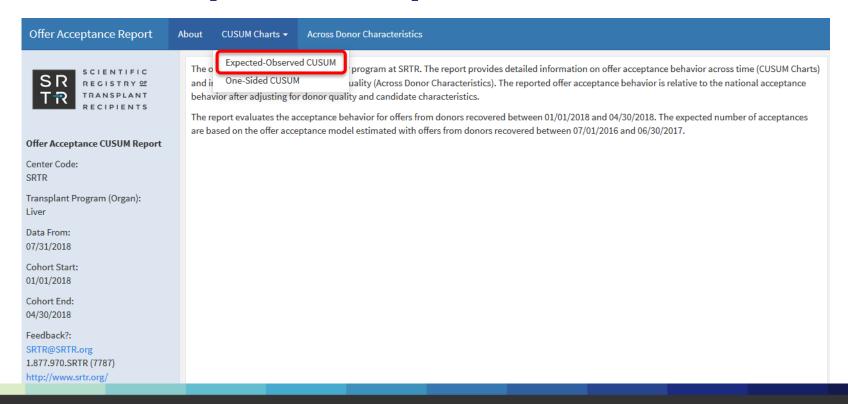












Expected-Observed (Two-sided) CUSUM

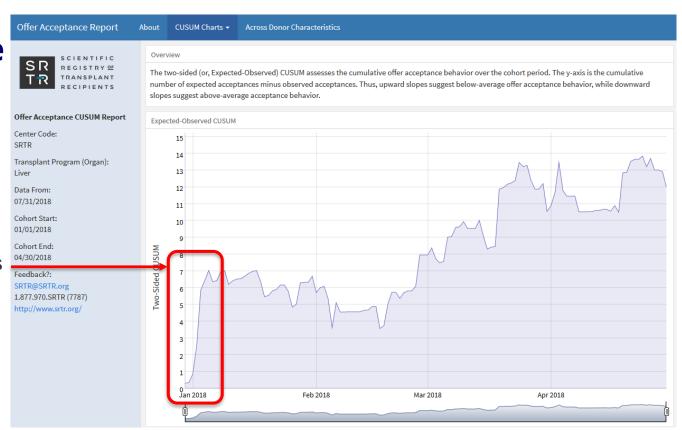


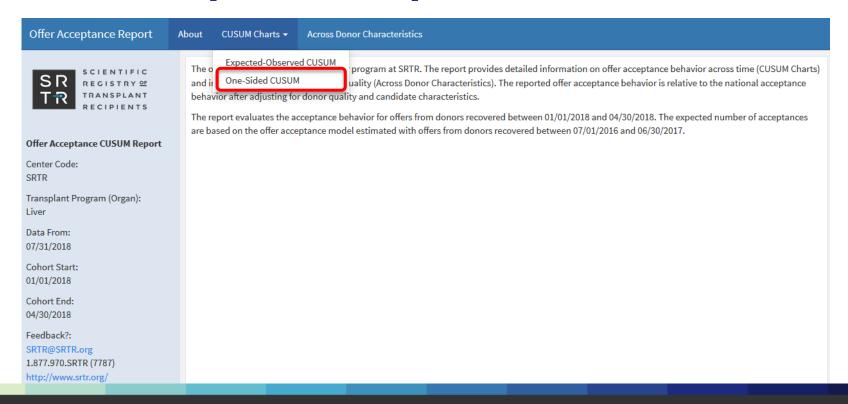


Expected-Observed (Two-sided) CUSUM

There was a period of below average acceptance but was it out significantly below expected?

We can use the one-sided CUSUM to help answer this question





One-sided CUSUM

Offer Acceptance Report

CUSUM Charts ▼ Across Donor Characteristics



Offer Acceptance CUSUM Report

Center Code: SRTR

Transplant Program (Organ): Liver

Data From: 07/31/2018

Cohort Start: 01/01/2018

Cohort End: 04/30/2018

Feedback?: SRTR@SRTR.org 1.877.970.SRTR (7787) http://www.srtr.org/

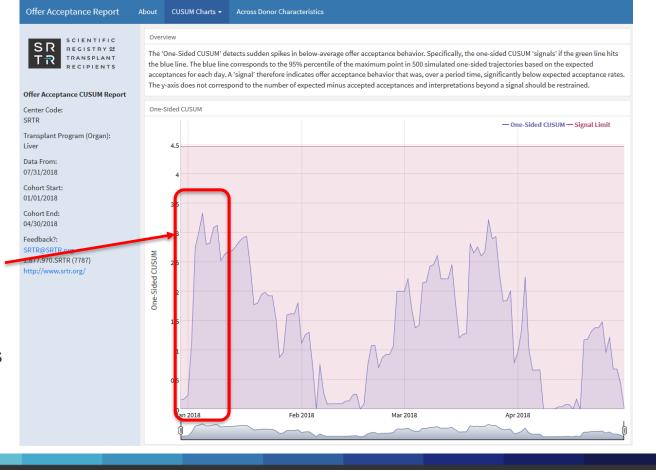
Overview

The 'One-Sided CUSUM' detects sudden spikes in below-average offer acceptance behavior. Specifically, the one-sided CUSUM 'signals' if the green line hits the blue line. The blue line corresponds to the 95% percentile of the maximum point in 500 simulated one-sided trajectories based on the expected acceptances for each day. A 'signal' therefore indicates offer acceptance behavior that was, over a period time, significantly below expected acceptance rates. The y-axis does not correspond to the number of expected minus accepted acceptances and interpretations beyond a signal should be restrained.

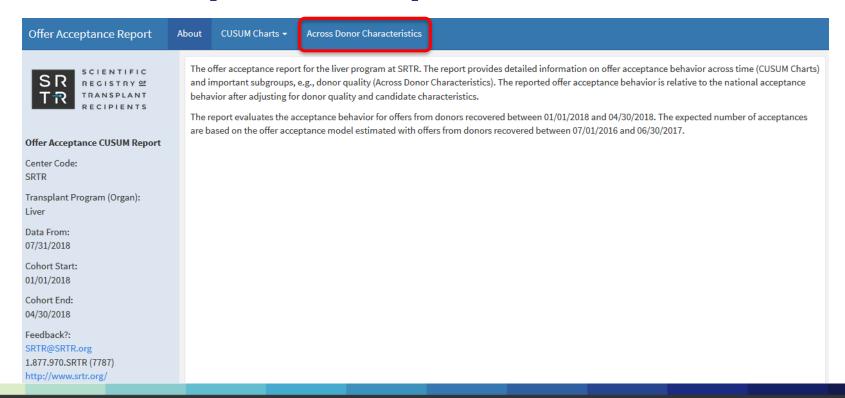


One-sided CUSUM

The initial spike is visible in the one-sided CUSUM but it does not reach the signal limit at the top of the graph. This indicates that acceptance was not 'out of control' at the beginning of the period.

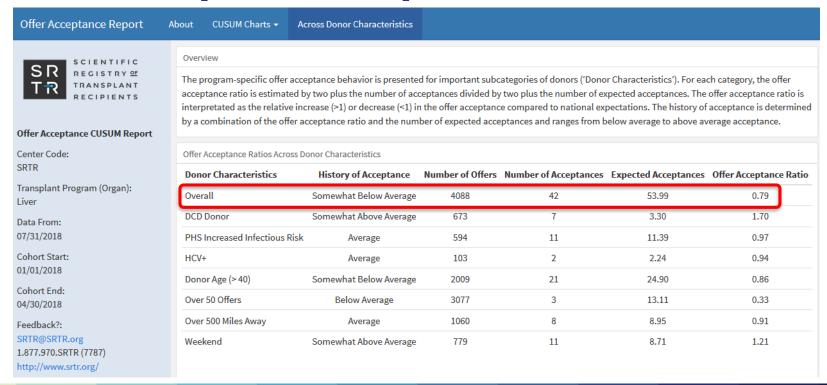






Offer Acceptance Report About CUSUM Charts ▼ Across Donor Characteristics Overview SCIENTIFIC SR REGISTRY OF The program-specific offer acceptance behavior is presented for important subcategories of donors ('Donor Characteristics'). For each category, the offer TRANSPLANT acceptance ratio is estimated by two plus the number of acceptances divided by two plus the number of expected acceptances. The offer acceptance ratio is interpretated as the relative increase (>1) or decrease (<1) in the offer acceptance compared to national expectations. The history of acceptance is determined by a combination of the offer acceptance ratio and the number of expected acceptances and ranges from below average to above average acceptance. Offer Acceptance CUSUM Report Center Code: Offer Acceptance Ratios Across Donor Characteristics SRTR Number of Offers Number of Acceptances Expected Acceptances Offer Acceptance Ratio Donor Characteristics History of Acceptance Transplant Program (Organ): Overall Somewhat Below Average 4088 42 53.99 0.79 Liver Somewhat Above Average DCD Donor 7 3.30 1.70 673 Data From: 07/31/2018 PHS Increased Infectious Risk Average 594 11 11.39 0.97 Cohort Start: HCV+ Average 103 2 2.24 0.94 01/01/2018 Somewhat Below Average Donor Age (> 40) 2009 21 24.90 0.86 Cohort End: Over 50 Offers Below Average 3 3077 13.11 0.33 04/30/2018 Over 500 Miles Away Average 1060 8 8.95 0.91 Feedback?: SRTR@SRTR.org Somewhat Above Average Weekend 779 11 8.71 1.21 1.877.970.SRTR (7787) http://www.srtr.org/





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The offer acceptance reports provide information on several different aspects of acceptance practices:

- Identifies changes in acceptance practices at different times during the year.
- Identifies above or below average acceptance practices for different categories of offers.

References

Goldberg et al., "Liver transplant center variability in accepting organ offers and its impact on patient survival," *Journal of Hepatology*, 2016.

Wey et al., "Influence of kidney offer acceptance behavior on metrics on allocation efficiency," *Clinical Transplantation*, 2017.

Wey et al., "Offer acceptance practices and geographic variability in allocation MELD at transplant," *Liver Transplantation*, 2018.

Wey et al., "Heart and lung organ offer acceptance practices of transplant programs are associated with waitlist mortality and organ yield," *American Journal of Transplantation*, 2018.

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