



Liver and Pancreas Institute for Quality

THE GEORGE WASHINGTON UNIVERSITY HOSPITAL

2020 Annual Report



Table of Contents

Message from the Director	3
Introduction	4
About The Liver and Pancreas Institute for Quality	5
2020 Notable Achievements	6
Patient Volume Data and Institution Quality Data	7-8
Year in Review	9-10

A Message from the Director

2020 was a year to remember.

The GW Liver and Pancreas Institute for Quality (LPIQ) kept the health and safety of our patients at the utmost forefront. All of our patients were tested and cleared of COVID-19 before every on-site appointment or surgery. We made telemedicine available to all patients, reaching 70 percent of our patient population. Making major strides in the collection of quality measures, we identified significant achievements, including zero percent of patients experiencing a Post-Pancreatectomy Hemorrhage post-surgery and an average hospital stay of four days for all operations.

In 2020, we were proud to be approved for a Certificate of Need to establish George Washington University Hospital's first Liver & Pancreas Transplant Program, opening in the Fall of 2021. Our efforts remain focused on improving the lives of patients living with liver and pancreas disease by providing pivotal screening and educational materials for the population of DC, Maryland and Virginia.

Warm Regards,
Dr. Lynt B. Johnson



Introduction

The Liver and Pancreas Institute for Quality offers advanced surgical approaches and advanced treatments for your patients with pancreas, liver, bile duct, duodenum and gallbladder diseases.

The LPIQ surgical team has a combined experience of more than 40 years in the field of pancreas and liver surgery and treatments.

→ Meet the LPIQ Medical Team



Lynt B. Johnson, MD
Executive Director of the Liver
and Pancreas Institute for Quality

Dr. Johnson is Professor of Surgery and former Chairman of the Department of Surgery at Georgetown University Hospital. He has published over 135 scientific articles in the field of liver and pancreas cancer and transplant surgery, and is nationally recognized as an expert in hepatobiliary/pancreas surgery with special interests in advanced cancer surgery and minimally invasive techniques.



Paul Lin, MD, FACS
Vice Chairman of the Department
of Surgery

Dr. Lin is Associate Professor of Surgery and Chief of the Division of General Surgery. He specializes in advanced laparoscopic and open GI surgery, including liver and pancreas surgery and surgical oncology. His special interests include GI oncology, colorectal, pancreas, liver and gastric esophagus cancers.



George P. Kim, MD
Director, GI Cancer Program

Dr. Kim is Associate Professor of Medicine in the Division of Hematology & Oncology. His special interests include GI oncology, colorectal, pancreas, liver and gastric esophagus cancers.

About The Liver and Pancreas Institute for Quality

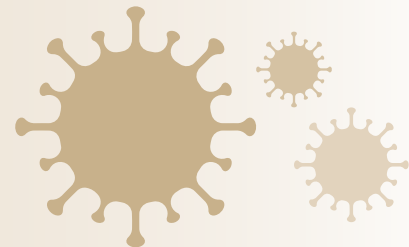
Our team uses advanced techniques for treating the most complex conditions, including:

- Innovative and complex surgery for pancreas cancer (Whipple) includes major vascular reconstruction for locally advanced pancreas cancers
- Minimally invasive pancreas resection/Whipple for benign and malignant conditions
- Minimally invasive liver resection for benign and malignant conditions
- Emprint™ GPS Navigation Microwave Ablation for liver tumors
- Targeted precision drug therapies for certain GI cancers
- Advanced stereotactic body radiation treatment
- Multidisciplinary oncologic pre-treatment planning and clinical trials
- Advanced nurse practitioners and program manager for personalized care
- Specialized perioperative care
- Pancreatic cancer genetic testing in high-risk individuals (Ruth Paul Cancer Genetics and Prevention Service)
- Primary and second opinion for advanced pancreatic cancer

→ COVID-19 & LPIQ Patients

In 2020, COVID-19 ravished the country, forcing many procedures to be postponed or delayed due to tactful precautions. Here at LPIQ, we are aligned with strict guidelines by the Centers for Disease Control and Prevention (CDC) to help keep our patients safe. Here are some ways we ensured all patients adhered to the guidelines outlined.

- Pre-admission testing was performed within one week of procedures, including COVID-19 tests.
- Visitation restrictions were made on-site to reduce contact, unless on-site for medical assistance.
- Virtual health appointments were available.

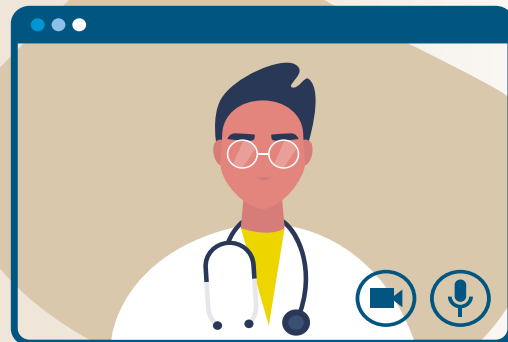


2020 Notable Achievements

- Introduction of ALPPS Procedure for multifocal extensive liver metastases
- Over 72% of patients utilized new telemedicine appointments
- Maintained robust physician referral base by expanding to Gastroenterologists, Oncologists and ERCP/EPI Providers in the DC/MD/VA Region.
- Zero COVID-19 Outbreaks in Clinic
- 1.5% Increase in Hepatobiliary Procedures
- #1 Surgery performed was the Whipple Procedure with 0 fatalities.
- Only 7% of patients were readmitted within 30 days of surgery
- Four-day average length of stay on culmination of every surgery
- Zero patients had a Post-Pancreatectomy Hemorrhage post-surgery
- Continued a community/academic partnership for the GW Virtual Gastro-Intestinal Oncology Tumor Board with a multi-disciplinary panel review consisting of surgical oncology, medical oncology, abdominal imaging, radiation oncology, pathology, gastroenterology, colorectal surgery, cancer genetics and interventional radiology.

→ Virtual Health: Our New Norm

Our LPIQ team has successfully created accommodations to reach all patients by offering virtual health visits. This afforded patients with locally advanced, unrespectable pancreas cancer to have a virtual second opinion for the first time in clinical history. Over 72 percent of our patient population was able to utilize virtual health and further decrease the spread of COVID-19.



Patient Volume Data

Hepatobiliary Procedures <i>CPT Procedure Code Activity</i>	Patient Volume: 2018	Patient Volume: 2019	Patient Volume: 2020
Whipple (48153)	18	25	19
Distal Pancreatectomy (48140)	13	17	10
Total Pancreatectomy (48155)	1	0	1
Liver Resection (partial) (47120)	21	17	16
Hepatectomy; Trisegmentectomy (47122)	1	2	4
Hepatectomy; Resection of Liver; Total Left lobectomy (47125)	2	3	9
Hepatectomy; Resection of Liver; Total Right lobectomy (47130)	3	3	4
Excision of Bile duct tumor, w/out primary (47711)	8	8	3
Excision of Choledochal cyst (47715)	2	0	2
Anastomosis, Roux-En-Y or (Extrahepatic) (47780)	8	6	3
Anastomosis, Roux-En-Y or (Intrahepatic) (47785)	2	2	2
Hepatotmy-Drain ABSC/CYT (47010)	3	2	3
Liver Fenestration (47300)	3	1	2
Ablation, Open (47380)	—	—	4
Hepaticotomy (47400)	—	—	2
Hepatorrhaphy (47360)	—	—	7
Biopsy of Pancreas (48100)	—	—	3
Resect/Debride Pancreas (48105)	—	—	10
Ancillary Procedures	—	—	32
Total	85	86	136

Hepatobiliary Procedures <i>Hospital DRG Activity</i>	Patient Volume: 2018	Patient Volume: 2019	Patient Volume: 2020
Cirrhosis Alcoholic Hepatitis W MCC (432)	20	20	42
Cirrhosis Alcoholic Hepatitis W CC (433)	29	35	28
Cirrhosis Alcoholic Hepatitis W/O CC/MCC (434)	1	7	3
Malignancy of Hepatobiliary System or Pancreas W MCC (435)	41	39	23
Malignancy of Hepatobiliary System or Pancreas W CC (436)	19	17	12
Malignancy of Hepatobiliary System or Pancreas W/O CC (437)	4	1	0
Disorders of Pancreas Except Malignancy W MCC (438)	41	35	37
Disorders of Pancreas Except Malignancy W CC (439)	87	90	65
Disorders of Pancreas Except Malignancy W/O CC/MCC (440)	61	59	29
Disorders of Liver Except Maligcirralc Hepa W MCC (441)	22	33	26
Disorders of Liver Except Maligcirralc Hepa W CC (442)	28	30	14
Disorders of Liver Except Maligcirralc Hepa W/O (443)	12	9	4
Total	365	375	283

Institution Quality Data

2020 Quality Measures	%
Length of Stay >10 Days	15.0%
30 Day Readmission	7.0%
ICU Stay	12.6%
Mortality <90 Days	1.4%
Surgical Complications	11.0%
<i>Hospital Acquired Infection</i>	1.4%
<i>Surgical Site Infection</i>	4.0%
<i>Reoperation</i>	4.0%
<i>Post-Pancreatectomy Hemorrhage</i>	0.0%
<i>Post-Pancreatectomy Leak</i>	11.0%
<i>Venous thromboembolism/pulmonary embolism</i>	1.4%
<i>Pulmonary</i>	0.0%
<i>Genitourinary</i>	2.8%
<i>Cardiac</i>	1.4%
<i>Other</i>	4.0%
Post Op Telehealth Visit (%)	72.0%

2020 Year in Review

Major Committee Assignments & Board Memberships

American Hepatobiliary Association Annual Meeting, Moderator, Miami, FL

American Hepato-Pancreatobiliary Association; 2018 – Present, Executive Council

American Surgical Association Annual Meeting, Local Committee Chair; 2019

Editorial Board, Surgery; 2012 – Present

International Hepatobiliary Association, Abstract Reviewer

National Board of Medical Examiners; 1988 – Present, Diplomat

Southern Surgical Association, Audit Committee

George Washington University School of Medicine, Cancer Center Director Search Committee

George Washington University Hospital Liver Transplant Program Surgical Director, Chair Search Committee

George Washington University Hospital Liver Transplant Program Medical Director, Chair Search Committee

United States Food and Drug Administration Center for Devices and Radiological Health, Subcommittee of Gastroenterology and Urological Devices Advisory Committee, Consultant

Editorial Board, Journal of the American College of Surgeons

Publications

Haskins IN, Jackson HT, Graham AE, Chen S, Sparks AD, Lin PP, Vaziri K. The Effect of Bougie Size and Distance from the Pylorus on Dehydration Following Laparoscopic Sleeve Gastrectomy: An Analysis of the ACS-MBSAQIP Database. *Surg Obes Relat Dis* 2019, Oct 15(10): 1656-1661.

Measuring the Impact of Error Reporting by Residents using a HIPAA Protected App.

Pomy B, Lin R, Baylis E, Lengkong V, Lin PP, Lee J. Association of Program Directors in Surgery, Surgical Education Week, Chicago, IL Apr 2019.

Rivas L, Zettervall SL, Ju T, Olafson S, Holzmacher J, Lin PP, Vaziri K. The Effect of Pancreaticojejunostomy Technique on Fistula Formation Following Pancreaticoduodenectomy in the Soft Pancreas. *J Gastroint Surg* 2019 Mar 23;

Werba G, Sparks A, Lin P, Johnson LB, Vaziri k. The PrEDICT-DGE Score as a Simple Preoperative Screening Tool Identifies Patients at Increased Risk for Delayed gastric Emptying after Pancreaticoduodenectomy. (Submitted)

2020 Year in Review CONT.

Invited Lectures

"ASCO Pancreatic Cancer Update,"

2020 Oncology Update Virtual Symposium, GW Cancer Center, Washington, DC (June 2020)

"Resection vs. Ablation for Small Hepatocellular Carcinoma: Debate,"

American Hepatobiliary Association, Annual Meeting, Miami, FL (Mar 2020)

"Resection vs Ablation for Small Hepatocellular Carcinoma,"

Howard University Division of Gastroenterology, Clinical Conference (September 2020)

"Setting the Stage, Alternative Payment Plans and Surgery: What Is Our Future?"

American College of Surgeons, Clinical Congress (October 2020)

"Loving your Liver- A Non-Toxic Relationship,"

The Rodham Institute Impact Speaker Series, (October 2020)

"Advanced Colorectal Cancer Treatments: What you should know"

The Rodham Institute Impact Speaker Series, (November 2020)

George Washington University Hospital, Department of Radiology, Grand Rounds,

New Strategies for Surgical Treatment of Oligometastatic Colon Cancer, Washington DC (October 2020)

Grants

A Randomized Phase II Study of Gemcitabine and Nab-Paclitaxel Compared with 5-Fluoracil, Leucovorin, and Treatment Naïve Metastatic Pancreas Cancer (GIANT). Site PI: G Kim. Sub-I: L.Johnson
Creon® (pancrelipase) therapy for subjects with exocrine pancreatic insufficiency (EPI) due to pancreatic cancer: A double-blind, randomized, parallel design with 2 dose cohorts of pancrelipase in resected pancreatic cancer subjects and an open label single dose cohort in non-resected pancreatic cancer Subjects. AbbVie Pharmaceuticals, Site PI: L Johnson

Phase 0 Image-Guided Neoadjuvant Surgical Research Study of Intratumoral Eloxatin (Oxaliplatin) in Liver Metastases of Colorectal Carcinoma. PI: J Jessup Sub-I: L Johnson Funding Amount: (Submitted)

To refer a patient, call 202-715-5168 or email
GWUHLPIQ@gwu-hospital.com

