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Driscoll Children's Heart Center (DCHC): Pediatric cardiothoracic surgical outcomes in previously underserved, underrepresented Latino patients living in the Rio Grande Valley (RGV)

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Introduction:

Children are born every year with heart conditions that can range in levels of severity and differ in impact to quality of life. The Driscoll Children's Heart Center (DCHC) comprehensively cares for children with heart conditions beginning with in utero care and follow-up through adulthood. DCHC manages all different types of Cardiac Defects including Hypoplastic Left heart Syndrome, Valve Dysfunction, Single Ventricle heart disease, transposition of the great arteries, atrioventricular septal defects and tetralogy of Fallot.

The DCHC quality data: low mortality and complication rates, and short length of stay (LOS) are cornerstones to driving quality improvement.

The RGV, consisting of Cameron, Hidalgo, and Star Counties, has the greatest density of documented individuals living at the poverty level in the United States (US census.gov 2022).

The RGV has been without a consistent, data driven regional Pediatric cardiothoracic surgical center.

The goal of the DCHC is to break down every existing barrier preventing access to Pediatric CT Surgical care in the RGV, and provide data driven world class care to all families, blinded to income or socioeconomic status.

Background:

Outcomes for patients with congenital heart disease across the country are collected by the Society of Thoracic Surgeons. This database contains more than eight million patients, is updated in real time and is the gold standard for clinical registries. The Data is subdivided into five different groups depending on the level of risk: STAT 1 includes the lower risk conditions while STAT 5 is the highest. This data base allows Driscoll Heart center to benchmark their outcomes compared to national data.

Data:

Children that treated at DCHC showed a shorter length of stay, lower mortality rates and higher survival rates compared to the national average (2019-2023). Compared to the STS mortality rates of STAT 1 (low risk) to STAT 5 (high risk) heart Conditions, DCHC had mortality rates below the national average in every risk level.

The average mortality rate of all patients being 1.9%, lower than the 2.7% STS mortality rate; DCHC has an overall 98.1% survival rate.

Additionally, the average length of stay was lower in all levels of severity, ranging from 7 day LOS to 25.5 day LOS in the most high-risk cardiovascular cases.

Summary/ Conclusion:

DCHC cares for the smallest, youngest and highest risk patients. Out of 525 patients, 65% were either neonate or infants, compared to 50% nationally. Additionally, 50% were STAT 4 or 5, versus 35% nationally.

As a result of highly specialized quality technical surgery and post-operative care, the length of stay and mortality is remarkably less than the national average.

The DCHC is accomplishing its goal: providing data driven world class CT surgical care to every child of the RGV.