

Study examines link between surgical quality improvement program and outcomes, costs

February 3 2015

Nicholas H. Osborne, M.D., M.S., of the University of Michigan, Ann Arbor, and colleagues evaluated the association of participation in the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP) with surgical outcomes and payments among Medicare patients. The researchers used national Medicare data (2003-2012) for a total of 1,226,479 patients undergoing general and vascular surgery at 263 hospitals participating in ACS NSQIP and 526 nonparticipating (control) hospitals. The study appears in the February 3 issue of *JAMA*.

Increased scrutiny of [hospital](#) performance has led to an increase of clinical registries used to benchmark outcomes. One of the most visible national quality reporting programs is the ACS NSQIP. The program provides hospitals with reports that include a detailed description of their risk-adjusted outcomes (e.g., mortality, specific complications, and length of stay). These reports allow hospitals to benchmark their performance relative to all other ACS NSQIP hospitals. Participating hospitals are encouraged to focus improvement efforts on areas in which they perform poorly. The extent to which participation in ACS NSQIP improves outcomes is unclear.

The authors found that although there were slight trends toward improved outcomes in ACS NSQIP hospitals before vs after enrollment (year 1, year 2, and year 3), there were similar trends in control hospitals, with no significant improvements in outcomes after enrollment in ACS NSQIP. For example, in analyses comparing outcomes at 3 years

after (vs before) enrollment, there were no significant differences in risk-adjusted 30-day mortality (4.3 percent vs 4.5 percent), serious complications (11.1 percent vs 11.0 percent), reoperations (0.49 percent vs 0.45 percent), or readmissions (13.3 percent vs 12.8 percent).

There were also no differences at 3 years after (vs before) enrollment in average total Medicare payments, or payments for the index admission or hospital readmission.

"Enrollment in a national surgical quality reporting program was not associated with improved outcomes or lower payments among Medicare patients. Feedback of outcomes alone may not be sufficient to improve [surgical outcomes](#)," the authors write.

More information: *JAMA*, [DOI: 10.1001/jama.2015.25](https://doi.org/10.1001/jama.2015.25)

Provided by The JAMA Network Journals

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