Surgical Outcomes Study Provides Insight Into Reducing Readmission Rates

Significant complications arising from major operations can occur after the patient is discharged from the hospital, which can account for longer, more difficult, and more expensive recoveries, according to researchers from the University of Alabama at Birmingham. Study findings from a large sample of major surgical cases performed within the Veterans Affairs system were presented for the first time at the 2012 American College of Surgeons Annual Clinical Congress.

The UAB surgeons analyzed almost 60,000 operations performed at 112 VA hospitals in four surgical specialties—orthopedics, gastrointestinal, vascular, and gynecology—from 2005 to 2009, and found that one in seven cases resulted in some type of complication within 30 days of the operation. According to the Centers for Disease Control and Prevention, about 197,000 emergency department visits each year are attributed to medical or surgical complications within seven days of hospital discharge.

The study authors noted that reducing such complications is becoming more critical to controlling costs as healthcare payers, such as Medicare and commercial insurers, are now moving to impose tighter quality control standards for hospitals and physicians as provided in the Affordable Care Act. As mandatory reporting initiatives become integral to determining hospital quality and payments, tracking complications—and quickly treating those complications—will become an important tool in reducing hospital readmissions, according to lead study author Melanie Morris, MD, assistant professor of surgery.

“In healthcare we’re all focused on quality care,” Dr. Morris said. “It’s important to know we are actually capturing the data points that we are going to be held accountable for.” For example, hospitals that do not track surgical site infection (SSI) rates among patients after discharge could appear to have lower SSI rates than hospitals that actually do a better job of capturing post-discharge data, Dr. Morris noted. “Public reporting of SSI rates is here, but we need to ensure a level playing field so patients and payers have accurate data. While SSIs are associated with readmissions, not all SSIs lead to readmission and they only account for a minority of all 30-day readmissions,” she explained.

“If they’re only looking at what happens during the index hospital stay, they’re missing a big part of the picture,” confirmed study co-author Mary T. Hawn, MD, MPH, FACS, professor and chief of gastrointestinal surgery.

The UAB surgeons compared pre- and postdischarge rates on the four surgical categories across six different types of complications, including surgical site, urinary tract, respiratory, and cardiac infections and vascular problems. Overall, the

complication rate was 15 percent, but GI (27.5 percent) and vascular (20 percent) surgery had the highest rates of overall complications. Complication rates of orthopedic and gynecological surgery were considerably lower at seven percent and 6.7 percent, respectively.

However, 80 percent of the complications arising from gynecological procedures occurred after hospital discharge, compared with about 40 percent for vascular and orthopedic procedures. Dr. Morris attributed this variation to the typically shorter hospital stays for gynecological procedures, many of which have same-day discharge. Most of those post-discharge complications were SSIs, according to the study.

Drs. Hawn and Morris noted that their study findings will provide insight for doctors and hospitals to develop standards for tracking outcomes after hospital discharge and collecting these data. Furthermore, the study points to the need for implementing patient education initiatives about post-discharge complications and how to seek care early in the course of a complication. “It’s important for our gynecology colleagues and our orthopedic colleagues to be sure that they’re adequately educating patients about SSIs and how to diagnose them to ensure timely and appropriate treatment,” Dr. Morris said.

Already Dr. Hawn’s and Morris’s research group, which specializes in GI surgery, has taken steps to better educate other UAB surgeons about SSIs, they said. “The ultimate goal of this research is to decrease hospital readmission rates and this study is the first step in that endeavor,” Dr. Morris concluded.

Other participants in the study that looked at surgical complications beyond hospital discharge included Rhiannon Deierhoi, MPH; Joshua S. Richman, MD, PhD; Laura Altom, MD; Kamal Itani, MD; Jamie Cannon, MD; and William Henderson, MPH, PhD.

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