Hospital Performance Differs Between Cancer, Non-cancer Operations

New research findings released earlier this week at the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP®) National Conference show that hospital quality measurements specific to cancer versus non-cancer care provides a more accurate assessment of a hospital's overall quality performance. Currently, programs used to measure surgical quality report outcomes based on operation type, (eg., colon and pancreas resection), but do not report outcomes based on different patient groups, such as cancer verses non-cancer patients. In order to determine if patient type can influence hospital performance, the study looked at whether a hospital's ranking would change when taking into consideration cancer status.

"Understanding the factors that contribute to complications is critical to finding ways to prevent complications from occurring," said lead study author Jennifer L. Paruch, MD, general surgery resident at the University of Chicago and ACS surgical oncology scholar-in-residence. "Cancer can affect patients in complex ways, and our goal was to determine whether cancer impacts how different hospitals perform for these operations."

For the study, researchers reviewed clinical data from the ACS NSQIP database to identify patients at 309 hospitals who had undergone colon, rectum, pancreas, liver, esophagus and stomach or lung resections over a four-year period (2007-2011). Investigators found 55 percent of these operations were performed for cancer indications, with the largest contributor to the cancer group coming from colon resections (58 percent of cancer cases).

Study results suggest that hospitals that performed well for non-cancer patients may not perform as well for patients with cancer, and vice versa. To accurately assess quality performance based on the surgical care provided to cancer patients, the study's researchers recommend collecting robust data specific to cancer patients in order to fully understand complications and what factors impact surgical outcomes, as well as to target quality improvement efforts.

"These results demonstrate that in order to get a true picture of a hospital's quality performance, quality programs must take into consideration patients who have certain diseases, such as cancer," said Clifford Y. Ko, MD, FACS, director of the ACS Division of Research and Optimal Patient Care. "Hospitals aiming to improve cancer care should look specifically at cancer outcomes, independent from non-cancer procedures because certain aspects of cancer affect surgical outcomes."

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