Surgical readmissions linked with quality of care

Hospitals with high surgical volume and low surgical mortality have lower rates of surgical readmissions, researchers from Harvard School of Public Health found in a new study.

The findings suggest that focusing on surgical readmissions may be a smart policy approach to improve care and reduce unnecessary spending, the authors say.

To date, the Centers for Medicare & Medicaid Services (CMS) has focused on reducing readmissions for medical conditions, such as heart failure and pneumonia, for which discharge planning and care coordination are often suboptimal. CMS plans to include surgical procedures as it expands its readmissions penalty program.

Using medical readmission rates as a measure of hospital quality has been controversial because rates are generally uncorrelated with measures used to identify high-quality hospitals, such as volume, mortality, and adherence to process measures. In addition, among studies showing the highest readmission rates for hospitals with the sickest and poorest patients, it’s unclear whether readmissions measure hospital quality or whether they reflect social and clinical factors unrelated to hospital care.

The researchers postulated that surgical care might differ from medical care.

Using Medicare data from 2009 and 2010, the researchers calculated 30-day readmission rates after 6 major procedures: coronary artery bypass grafting (CABG), pulmonary lobectomy, endovascular and open repair of abdominal aortic aneurysm (AAA), colectomy, and hip replacements. Included in the study were 479,471 discharges from 3,004 hospitals.

Results showed that approximately 1 in 7 patients discharged was readmitted within 30 days.

- Hospitals in the highest quartile for surgical volume had a significantly lower readmission rate than hospitals in the lowest quartile (12.7% vs 16.8%).
- Hospitals with the lowest surgical mortality rates had a significantly lower readmission rate than hospitals with the highest mortality rates (13.3% vs 14.2%).
- High adherence to surgical process measures was only marginally associated with reduced readmission rates (highest quartile, 13.1% vs lowest quartile, 13.6%).

Patterns were similar when each of the 6 procedures was examined individually.

Taken together, these findings offer evidence that surgical readmission rates are indeed linked with measures of surgical quality, the authors say.

Medical patients may return to the hospital because of poor social support, inability to access primary care, or general poor health, but surgical patients are more likely to be readmitted as a consequence of complications from the surgery. Hospitals with higher volumes and lower mortality rates are better at protecting patients from postoperative complications, they note.

Reference