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Surgical complications drop at hospitals that share patient safety data

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Michigan hospitals reduced surgical complications by nearly 10 percent at a time when the rest of the nation saw no change in complication rates, according to a new study out next week in the *Archives of Surgery*.

Complications dropped at hospitals participating in what's called the Michigan Surgical Quality Collaborative, a group of 16 hospitals led by the University of Michigan Health System that agreed to pool data and share information about what keeps patients safe.

The fewer patients suffering ventilator associated pneumonias alone, among the 300,000 surgical patients studied, could save $13 million a year.

The backdrop of President Obama's vision for health care reform is improving quality and reducing costs, two ideas that seem to conflict. But the collaborative strategy could quicken the pace of reaching those goals.

"The collaboration of hospitals in terms of identifying and disseminating information about best practices is actually a much more effective way of improving quality than just relying on each hospital alone to come up with what they think is a way to improve quality," says study author Darrell A. Campbell Jr., M.D., professor of surgery and chief medical officer at the University of Michigan Health System.

"In other words, sharing ideas is important and it's effective," he says.

The backbone of the partnership is support by Blue Cross Blue Shield of Michigan and its Blue Care Network which pays hospitals to participate and covers the cost of the technology needed to evaluate the data.

Hospitals agree to share information, but individual hospital results are not reported to BCBS. It's an arrangement that inspires collaboration beyond competition, Campbell says.

"The approach we've tried is called 'pay for participation,' rather than 'pay for performance,' " he says. "'Pay for participation' means that a hospital receives money from Blue Cross Blue Shield simply for participating, it doesn't depend on the results that they get.

"We think this fosters a less competitive atmosphere," Campbell says. "They're willing to share their best ideas and that's what makes the collaborative work."

The study examined general and vascular surgeries, those scheduled and ones done in emergency, performed between 2005 and 2007. The greatest improvements were seen in reducing blood infections, septic shock, prolonged ventilator use and cardiac arrest. Death rates remained the same.

Still, "surgical complications are very expensive," Campbell says. "Once something bad happens following surgery, it takes a lot of resources for the patient to recover."

A preventable surgical complication can add weeks to a hospital stay and thousands in added costs. For example, contracting pneumonia from prolonged ventilator use following a surgical procedure can add $50,000 to a hospital bill.

Given the high cost of surgical complications, authors estimate that it

would take only a 1.8 percent reduction in complications a year for three years to offset the cost of supporting the pay for participation program.

"If this system was adopted nationally, not just in Michigan, I think you would find a greatly accelerated pace of surgical quality improvement," Campbell says.

Inspired by the Michigan group, surgeons in Tennessee and upper New York have launched collaboratives. Similar ones are in the works in Pennsylvania, Virginia and Illinois.

More information: "Accelerating the pace of surgical quality improvement: The power of hospital collaboration," Archives of Surgery, Oct. 18, 2010.

Provided by University of Michigan Health System

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