In-hospital mortality no different at critical access hospitals

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(HealthDay)—For eight inpatient surgical procedures, mortality is similar at critical access hospitals (CAHs) and non-CAHs, but costs are higher at CAHs, according to a study published online May 1 in *JAMA Surgery*.

Adam J. Gadzinski, M.D., from the University of Michigan Health System in Ann Arbor, and colleagues used data from the Nationwide Inpatient Sample and American Hospital Association to assess the utilization, outcomes, and costs of inpatient surgery performed at CAHs. At least one year of data were available in the Nationwide Inpatient Sample for 34.8 percent of the 1,283 CAHs and for 36.4 percent of the

3,612 non-CAHs reporting to the American Hospital Association.

The researchers found that mortality was equivalent at CAHs and non-CAHs for eight common procedures examined (appendectomy, cholecystectomy, colorectal cancer resection, cesarean delivery, hysterectomy, knee replacement, hip replacement, and hip fracture repair). The only exception was an increased risk of in-hospital death for Medicare beneficiaries undergoing hip fracture repair in CAHs (adjusted odds ratio, 1.37). Costs at CAHs were 9.9 to 30.1 percent higher (P

"In-hospital mortality for common low-risk procedures is indistinguishable between CAHs and non-CAHs," the authors write. "Although our findings suggest the potential for cost savings, changes in payment policy for CAHs could diminish access to essential surgical care for rural populations."

One author disclosed financial ties to ArborMetrix, which provides software and analytics for assessing hospital quality and efficiency.

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