

Study examines readmission after colorectal cancer surgery as quality measure

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No significant variation was found in hospital readmission rates after colorectal cancer surgery when the data was adjusted to account for patient characteristics, coexisting illnesses and operation types, which may prompt questions about the use of readmission rates as a measure of hospital quality.

Hospital readmission after surgery can be common and it results in an increased cost of care. The Centers for Medicare and Medicaid Services (CMS) has focused on reducing unplanned [hospital](#) readmissions and hospitals are penalized in reimbursement if there are excess readmissions for certain diagnoses.

The authors examined whether [readmission rates](#) vary among hospitals. They used data from 44,822 patients who underwent colorectal cancer surgery at 1,401 U.S. hospitals from 1997 through 2002.

The overall 30-day readmission rate was 12.3 percent. In hospitals that performed at least five operations annually, there was marked variation in raw readmission rates with a range from 0 percent to 41.2 percent. But when the data was adjusted to account for patient characteristics, coexisting illnesses and operation types, no significant variability remained in readmission rates with a range from 11.3 percent to 13.2 percent.

"These data have important implications because they strongly suggest that minimal risk-adjusted variation exists in [hospital readmission](#) rates

after colorectal surgery."

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