

High-risk surgical patients benefit from teaching hospitals

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(HealthDay)—High-risk patients benefit from having surgery at teaching

hospitals, according to a study published online Oct. 15 in the *Annals of Surgery*.

Jeffrey H. Silber, M.D., Ph.D., from the Children's Hospital of Philadelphia, and colleagues compared outcomes and costs between 340 teaching and 2,444 nonteaching hospitals for 86,751 pairs admitted for general surgery, 214,302 pairs admitted for orthopedic surgery, and 52,025 pairs admitted for [vascular surgery](#).

The researchers found that for general surgery, the overall 30-day mortality rate was 4.62 percent in [teaching hospitals](#) versus 5.57 percent in nonteaching hospitals. Further, the overall paired cost difference was \$915. Mortality differences were larger for the general surgery quintile of pairs with the highest risk on admission (15.94 versus 18.18 percent), with a paired cost difference of \$3,773. These numbers yielded a value of \$1,682 per 1 percent mortality improvement at 30 days. Similar findings were seen for vascular surgery. However, there were no significant differences in mortality across teaching and nonteaching environments for orthopedic surgery, although costs were higher at teaching hospitals.

"Major teaching hospitals appear to return good value for the extra resources used in [general surgery](#), and to some extent vascular surgery, but this was not apparent in [orthopedic surgery](#)," the authors write.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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