APPENDIX 1

ABSTRACTS – THE RELATIONSHIP BETWEEN VOLUME AND HEALTH OUTCOMES
(REPORT OF VOLUME / OUTCOMES SUB-GROUP)


Conclusion: The study supports concentration of services for oesophageal and gastric cancers. Specialization of doctors and their teams is at least as important as specialization of hospitals


Conclusion: In men undergoing prostatectomy, the rates of postoperative and late urinary complications are significantly reduced if the procedure is performed in a high-volume hospital and by a surgeon who performs a high number of such procedures.


Conclusion: Morbidity end points that directly affect quality of life showed significant variability among high volume providers. Surgeons who perform well in 1 area (eg postoperative complications) performed well in others. These results further suggest that variations in surgical technique and post operative care lead to variations in outcome after radical prostatectomy, indicating that outcomes of this operation are sensitive to small differences in performance.


Editorial included in the file text highlighted for your consideration include: High-volume hospitals demonstrate lower mortality rates, with the magnitude of the trend varying considerably by procedure. For cancer surgery, trends for pancreatectomy and oesophagectomy are especially pronounced.

Birkmeyer JD, Dimick JB. Potential benefits of the new leapfrog standards: effect of process and outcome measures. Surgery 2004; 135: 569-575

Conclusion: Widespread implementation of the 2003 leapfrog standards for evidence-based referral could avert a large number of surgical deaths. For some procedures, standards comprised of process of care or direct outcome measures would be more effective than those based on volume alone.


Conclusion: If the leapfrog volume standards are successfully implemented, employers and health-care purchasers could prevent many surgical deaths by requiring hospital volume standards for high-risk procedures.

Conclusion: In the absence of other information about the quality of surgery at the hospitals near them, Medicare patients undergoing selected cardiovascular or cancer procedures can significantly reduce their risk of operative death by selecting a high-volume hospital.


Conclusion: For many procedures, the observed associations between hospital volume and operative mortality are largely mediated by surgeon volume. Patients can often improve their chances of survival substantially, even at high-volume hospitals, by selecting surgeons who perform the operations frequently.


Conclusion: Operative mortality decreases with increasing hospital volume for several cancer resections. However, volume may be most important in patients who are older and are at high risk.


Conclusion: High volume is associated with better outcomes across a wide range of procedures and conditions, but the magnitude of the association varies greatly. The clinical and policy significance of these findings is complicated by the methodologic shortcomings of many studies. Differences in case mix and process of care between high- and low-volume providers may explain part of the observed relationship between volume and outcome.


Conclusion: Rectal cancer patients who underwent surgery at high-volume hospitals were less likely to have a permanent colostomy and had better survival rates than those treated in low-volume hospitals. Identifying processes of care that contribute to these differences may improve patients’ outcomes in all hospitals.