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Regional Surgical Quality Collaborative Significantly Improves Surgical Outcomes and Reduces Cost

Journal of the American College of Surgeons Study Reports Tennessee Collaborative Saves More Than \$2 Million and Improves Quality of Care

CHICAGO (January 23, 2012) – A new study published online this week in the *Journal of the American College of Surgeons* finds hospitals participating in a regional collaborative of the American College of Surgeon's National Surgical Quality Improvement Program (ACS NSQIP®), achieved substantial improvements in surgical outcomes, such as reducing the rates of acute renal failure and surgical site infections. The collaborative also saved \$2,197,543 per 10,000 general and vascular surgery cases when comparing results from 2010 with results from 2009. ACS NSQIP is the leading nationally validated, risk-adjusted, outcomes-based program to measure and improve the quality of surgical care in the private sector.

The Tennessee Surgical Quality Collaborative (TSQC) collected ACS NSQIP data from 10 participating hospitals to examine and identify trends in surgical outcomes and evaluate best practices among these hospitals. The study evaluated 20 categories of postoperative complications, 30-day mortality rates, and hospital costs associated with postoperative complications in a total of 14,205 surgical cases in 2009 and 14,901 surgical cases in 2010.

“We demonstrated that hospitals in a collaborative can greatly improve their quality by sharing data, comparing results, and evaluating best practices and process improvement approaches with their peers,” said Joseph B. Cofer MD, FACS, statewide surgeon champion for the collaborative, author of the study and professor of surgery and surgery residency program director, Department of Surgery, at the University of Tennessee College of Medicine-Chattanooga.

The Tennessee collaborative saw improvements in such procedures as acute renal failure (25.1% reduction, $P = 0.023$), graft/prosthesis/flap failure (60.5% reduction, $P < 0.0001$), ventilator greater than 48 hours (14.7% reduction, $P = 0.012$), superficial site infection (18.9% reduction $P = 0.0005$), and wound disruption (34.3% reduction, $P = 0.011$), according to the researchers. These improvements led to a net savings of nearly \$2.2 million per 10,000 general and vascular procedures, according to the study. As ACS NSQIP collects only a sample of cases done, the implications for total costs avoided are much greater. It is estimated that 10,000 cases represents only about one fourth of the total general and vascular surgery cases done in the TSQC hospitals in 2009 and 2010. If the ACS NSQIP methodology were applied to all cases, the total costs avoided might be more than \$8 million when comparing the results from 2010 with those from 2009.

According to the researchers, improvements in areas such as skin and soft tissue/wound disruption and ventilator management may be credited to the identification of a problem and rapid change in practice based upon evidence-based medicine¹. Improvements in renal and graft failure may be attributed to overall attention being focused on a problem that was uncovered through involvement in ACS NSQIP.

“While previous studies have shown that participation in quality improvement programs such as ACS NSQIP have been shown to save lives, improve health and reduce costs, the Tennessee collaborative illustrates that participation in an ACS NSQIP collaborative can accelerate those benefits and take quality improvement to a whole new level,” said Oscar D. Guillamondegui, MD, MPH, FACS, lead author and associate professor of surgery at Vanderbilt University Medical Center, Nashville.

As the health care system seeks to find ways to reduce costs, many hospitals and health care professionals are organizing themselves into “collaboratives” to work together to share best practices. The TSQC was formed in 2008 and is led by the Tennessee Chapter of the American College of Surgeons (TnACS) and the Tennessee Hospital Association with funding from the BlueCross BlueShield of Tennessee Health Foundation. The TSQC consists of Erlanger Hospital, Chattanooga; Vanderbilt University Hospital, Nashville; St. Francis Hospital, Memphis; Baptist Memorial Hospital, Memphis; Cookeville Regional Medical Center, Cookeville; Jackson Madison County General Hospital, Jackson; Johnson City Medical Center, Johnson City; Methodist University Hospital, Memphis; Parkwest Medical Center, Knoxville; and the University of Tennessee Medical Center, Knoxville. The study will appear in print in the upcoming April issue of the *Journal of the American College of Surgeons*.

ACS NSQIP collects patient and surgical procedure information, as well as 30-day postoperative outcomes. The results are reported semiannually to the participating sites, along with comparisons of the results from other health care facilities across the United States. There are currently more than 20 ACS NSQIP collaboratives in existence or in development, including collaboratives within hospital systems and additional statewide collaborates in Florida and Oregon.

About the American College of Surgeons

The American College of Surgeons is a scientific and educational organization of surgeons that was founded in 1913 to raise the standards of surgical practice and to improve the care of the surgical patient. The College is dedicated to the ethical and competent practice of surgery. Its achievements have significantly influenced the course of scientific surgery in America and have established it as an important advocate for all surgical patients. The College has more than 78,000 members and is the largest organization of surgeons in the world. For more information, visit <http://www.facs.org/index.html>.

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¹ McGlynn, E.A., **Intended and unintended consequences: what should we really worry about?** *Medical care*, 2007. 45 (1): p. 3-5.

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