

PATIENT SAFETY AND QUALITY

Factsheet: Facility and Surgeon Volume

Measure Background

Three decades of research have consistently demonstrated that patients that have their surgery at a facility and by a surgeon that have more experience with the procedure have better outcomes, including lower mortality rates, lower complication rates, and a shorter length of stay than for patients who have their surgery done at a facility or by a surgeon with less experience.¹⁻¹²

Better outcomes at high-volume facilities do not simply reflect more skillful surgeons and fewer technical errors with the procedure itself. More likely, it reflects more proficiency with all aspects of care underlying successful surgery, including patient selection, anesthesia, and postoperative care.¹³

Surgical Volume

Based on research done by Dartmouth-Hitchcock Medical Center, Michigan Medicine, and Johns Hopkins Medicine, as well as guidance from <u>Leapfrog's National</u> <u>Surgical Volume Expert Panel</u>, Leapfrog has identified three procedures done at ambulatory surgery centers (ASCs) for which there is a strong volume-outcome relationship. The procedures are:

- Total knee replacement
- Total hip replacement
- Bariatric surgery for weight loss

To achieve the standard for each applicable procedure, facilities must:

1. Meet the minimum volume standard for the procedure

2. Have a process for privileging surgeons that includes the surgeon meeting or exceeding the minimum surgeon volume standard for the procedure

The procedures and their corresponding minimum facility volumes and minimum surgeon volumes for credentialing are shown in the table.

Procedure	Minimum Facility Volume	Minimum Annual Surgeon Volume for Privileging
Total knee replacement	50	25
Total hip replacement	50	25
Bariatric surgery for weight loss	50	20

Download the complete Leapfrog ASC Survey scoring algorithms document at <u>ASC Scoring and Results</u> <u>webpage</u>.

Why Purchasers Need to Get Involved

Because lower volumes have been tied to poorer surgical outcomes, purchasers can help by guiding patients to facilities and surgeons that meet or exceed the outlined surgical volume standards. Furthermore, surgical complications are costly mistakes. Not only do surgical complications increase the cost of surgery they also increase the risk of costly readmissions. To avoid the risk of increased costs due to surgical complications and readmissions, purchasers should be encouraging patients to seek their surgeries at facilities and by surgeons that have met or exceeded minimum volume standards.

References

- Jain S, Rosenbaum PR, Reiter JG, Ramadan OI, Hill AS, Silber JH, et al. Assessing the Ambulatory Surgery Center Volume-Outcome Association. JAMA Surg. 2024 Jan 24: e237161.
- 2. Bouchard P, Demyttenaere S, Court O, Franco EL, Andalib A. Surgeon and hospital volume outcomes in bariatric surgery: a population-level study. *Surg Obes Relat Dis.* 2020;16(5):674-81.
- Mufarrih SH, Ghani MO, Martins RS, Qureshi NQ, Mufarrih SA, Malik AT, Noordin S. Effect of hospital volume on outcomes of total hip arthroplasty: a systematic review and metaanalysis. Journal of Orthopaedic Surgery and Research. 2019 Dec 1;14(1):468.
- 4. Jolbäck P, Rolfson O, Cnudde P, Odin D, Malchau H, Lindahl H, Mohaddes M. High annual surgeon

www.leapfroggroup.org/asc Page | 1 Factsheet: Facility and Surgeon Volume Last Revision: 04/01/2024



Factsheet: Facility and Surgeon Volume

volume reduces the risk of adverse events following primary total hip arthroplasty: a registry-based study of 12,100 cases in Western Sweden. Acta orthopaedica. 2019 Mar 4;90(2):153-8.

- Sternberg S, Dougherty G. Risks Are High at Low-Volume Hospitals. U.S. News & World Report. May 18, 2015. Available at: <u>https://www.usnews.com/news/articles/2015/05</u> /18/risks-are-high-at-low-volume-hospitals
- Lau RL, Perruccio AV, Gandhi R, Mahomed NN. The role of surgeon volume on patient outcome in total knee arthroplasty: a systematic review of the literature. BMC musculoskeletal disorders. 2012 Dec;13(1):250.
- 7. Zevin B, Aggarwal R, Grantcharov TP. Volumeoutcome association in bariatric surgery: a systematic review. *Ann Surg*. 2012;256(1):60-71.
- Singh JA, Kwoh CK, Boudreau RM, Lee GC, Ibrahim SA. Hospital volume and surgical outcomes after elective hip/knee arthroplasty: a risk-adjusted analysis of a large regional database. Arthritis & Rheumatism. 2011 Aug;63(8):2531-9.
- Birkmeyer NJO, Dimick JB, Share D, Hawasli A, English WJ, Genaw J, et al., Hospital complication rates with bariatric surgery in Michigan. *JAMA*. 2010;304(1):435-442.
- 10. Weller W. Hannan E. Relationship between provider volume and postoperative complications for bariatric procedures in New York State. *J Am Coll Surg.* 2006;202(5):753-761.
- Ngyuen N, Paya M, Stevens C, Mavandadi S, Zainabadi K, Wilson S. The relationship between hospital volume and outcome in bariatric surgery at academic medical centers. *Ann Surg.* 2004;240(4):586-594.
- Birkmeyer JD, Siewers AE, Finlayson EVA, Stukel TA, Lucas FL, Batista I, Welch HG, Wennberg DE. Hospital volume and surgical mortality in the United States, New England Journal of Medicine 2002;346:1137-1144.
- 13. Birkmeyer JD. High-risk surgery--follow the crowd. JAMA. 2000;283:1191-3.

For a comprehensive list of references please review the Facility and Surgeon Volume, available here: <u>https://ratings.leapfroggroup.org/measure/asc/2023/</u> total-joint-replacement.