

# Surgical metrics do not provide a clear path to improvement

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While surgical outcomes have improved nationally over time, surgical outcome reporting does not necessarily lead to better outcomes, according to a Mayo Clinic study published in the *Journal of the American Medical Association*.

Systems that capture, analyze, and report [surgical outcomes](#) are an increasingly important part of the [quality improvement](#) movement in health care in the United States. Within the U.S., the most widely used surgical outcomes reporting [system](#) is the National Surgical Quality Improvement Program (NSQIP), which is coordinated through the American College of Surgeons.

The study analyzed data regarding surgical outcomes—complications, serious complications, and mortality—in over 345,000 [patients](#) treated between 2009 and 2013 at academic hospitals throughout the United States. Of these patients, approximately half were treated at hospitals that participated in the NSQIP. The study showed that surgical outcomes significantly improved overall in both study groups during the period of analysis.

"In our study we weren't interested in whether patients had better outcomes in NSQIP vs. non-NSQIP hospitals," says David Etzioni, M.D., chair of Colorectal Surgery at Mayo Clinic in Arizona and the study author. "We wanted to know whether the outcomes experienced by patients treated at NSQIP hospitals improved, over time, in a way that

was different from patients treated at non-NSQIP hospitals."

The study found no association between [hospital](#)-based participation in the NSQIP and improvements in postoperative outcomes over time, suggesting that a surgical-outcomes-reporting system does not provide a clear mechanism for quality improvement. According to the research team, the failure of these types of outcomes monitoring systems to produce measurable improvements in outcomes may be related to difficulties in identifying mechanisms that translate reports into changes in how surgical care is provided.

"I think if there is one lesson that we have learned at Mayo Clinic; real quality is achieved through a system—not just a doctor, not just a nurse or other staff," Etzioni says. "All of these elements of care have to work together closely to provide patients with the best possible outcomes."

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