

About Health Transparency

[Study finds quality measures improve outcomes more than hospital volume alone](#)

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A new [study](#) by researchers at the University of California, San Francisco and Baystate Medical Center at Tufts University in Massachusetts concludes that patients facing coronary artery bypass surgery should, as a first priority, select a medical facility that has the highest adherence to quality standards.

The research team sought to determine how volume among individual surgeons, volume differences between hospitals, and differences in quality of care might influence outcomes following coronary artery bypass surgery. According to the researchers, care from high-volume centers or surgeons has been associated with better outcomes post-operatively, but how volume and quality of care were related has not been well understood.

Findings showed patients have better outcomes when patient care teams strictly follow a routine of individual quality measures, independent of the volume of procedures performed. Those surgeons and hospitals that performed best on meeting every one of six quality measures had the best outcomes, regardless of their patient volume, the researchers found.

The research also showed that meeting quality measures seems to have an “all or nothing” effect. If a patient care team misses individual quality measures, positive post-operative outcomes decline precipitously. Study results suggested a strong association between the number of quality measures missed and death rates regardless of annual hospital volume for coronary artery bypass surgery, with mortality rates similar across all levels of hospital volume if no quality measures are missed.

The study, “[Shop for Quality or Volume? Volume, Quality, and Outcomes of Coronary Artery Bypass Surgery.](#)” is published in the May 19, 2009 edition of “Annals of Internal Medicine.”

[U.S. group sees little progress on medical errors](#)

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A report by Consumers Union found that little has been done to fix the problem of preventable medical errors that kill nearly 98,000 people in the United States each year. Findings in the report ("[To Err is Human – To Delay is Deadly](#)") indicate that lawmakers largely have failed to enact patient safety reforms recommended by a 1999 report by the Institute of Medicine or IOM that found that medical errors cost the United States \$17 billion to \$29 billion a year.

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