SWEDISH

Overlapping Surgery

Background:

Overlapping surgeries are standard practice at the vast majority of teaching hospitals in the U.S. This is a common practice nationally and locally. This practice is longstanding but industry guidance continues to evolve.

Recent studies demonstrate that overlapping surgery is safe and effective in appropriately selected patients:

- Mayo Clinic experience: This study includes all types of operations, comparison matching both surgeons and type of operation. The total sample size is 36,000. The findings are that there is no significant difference between nonoverlapping and overlapping surgeries in mortality (inpatient and 30 day), length of stay, surgical duration, anesthesia duration, major morbidity, Hospital Consumer Assessment of Healthcare Providers and Systems (HCAPS) scores. This is true for all, including cases with the greatest percentage of overlap. Annals of Surgery 2017;265:639-644

- University of California, San Francisco: This study involves neurosurgical procedures. The sample is 7358 neurosurgical procedures, 2012-2015, for 9 surgeons. The study finds in multivariate models, no significant difference between nonoverlap and overlapping cases for any patient outcomes except a slightly longer duration of surgery for overlapping cases. The outcomes the researchers reviewed are: length of stay, procedure time, estimated blood loss, discharge location, unplanned return to OR, 30-day mortality, 30-day readmission, and major complications (respiratory failure, sepsis). Neurosurgery 2017 Feb 1;80(2):257-268

Swedish Health Services

At Swedish's five hospital campuses, overlapping surgeries are a small percentage of total surgeries.

From January 2016 – April 2017, only 6% of all surgeries were overlapping.

Swedish Health Services (SHS) is committed to patient safety and high quality care. Analysis of 3-year experience (2014-2016) at SHS and Cherry Hill show excellent performance in terms of observed to expected mortality and 30-day readmissions.

Observed to Expected – values below 1.0 reflect *better than* expected results:

	Year	SHS	Cherry Hill
Mortality O/E	2014	0.79	0.83
	2015	0.71	0.76
	2016	0.67	0.71
	Total	0.71	0.76
Readmissions in 30 Days	2014	0.95	0.84
	2015	0.91	0.75
	2016	0.87	0.66
	Total	0.91	0.75

Data Source: Premiere Care Science, Risk Adjusted

May 25, 2017

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Swedish Focus:

- We have developed policies that meet all the requirements and criteria outlined by recent statements of the American College of Surgeons and the US Senate Finance Committee Report.

- We are continuously working to improve the informed consent process. We strive to make both portions – the documentation and the physician-patient conversation – as effective as possible so that patients understand and feel comfortable with their care.

- We are piloting a new informed consent process for neurosurgery that specifically addresses overlapping surgery, with the goal of increasing transparency and ensuring our patients understand and feel comfortable with their care.

- Swedish continues to place the quality of care and safety of our patients as our first and most important priority.

May 25, 2017