



FLORIDA SURGICAL CARE INITIATIVE: The Business Case

By preventing complications, FSCI, like the ACS National Surgical Quality Improvement Program (NSQIP) from which it was developed, will not only improve care and save lives, it will also save money and could lead to increased revenues through reduced lengths of stay and increased surgical billings.

FSCI can help hospitals **reduce complications.**

ACS NSQIP hospitals found that the program helped them prevent about 250 to 500 complications per hospital, per year, according to a study in the September 2009 issue of *Annals of Surgery*.¹ Because the four measures of FSCI were developed based on more than 20 ACS NSQIP measures, FSCI participating hospitals will have a similar opportunity to significantly reduce complications.

Reduced complications mean **lower costs.**

Complications and surgical adverse events can raise the median cost of hospitalization for major surgical procedures by up to **five-fold**.² A major surgical complication generates \$11,626 in average extra costs, according to a study by the University of Michigan.³

Higher quality care improves hospital **profit margins.**

A study in the *Journal of the American College of Surgeons* found that profit margin jumps from 3.4 percent on average for cases with complications, to 23 percent for cases without complications.⁴

ACS NSQIP has produced **significant economic benefits** for hospitals around the country.

Henry Ford Hospital in Detroit, MI, (903 beds) was able to save \$2 million a year by reducing its average length-of-stay by 1.54 days while increasing general surgery billings by \$2.25 million a year.

Decatur General Hospital in Alabama (178 beds) dropped its UTI rate from 2.6 percent to 0.8 percent, saving \$42,000 in just the first quarter.

Surrey Memorial Hospital in Vancouver, British Columbia, (370 beds) reduced its general and vascular surgery surgical site infection (SSI) rate by 5.7 percent and its breast surgery SSI rate by 13.3 percent over two years, saving more than \$2.7 million.

FSCI hospitals will benefit from the proven tools and resources of ACS NSQIP in this focused collaborative program.

Sources:

¹ Hall, BL et al. (2009). "Does Surgical Quality Improve in the American College of Surgeons National Surgical Quality Improvement Program." *Annals of Surgery*, 250, 363-376.

² Rowell, K.S., et al. (2007). "Use of National Surgical Quality Improvement Program Data as a Catalyst for Quality Improvement." *Journal of the American College of Surgeons*, 204, 1293-1300.

³ Dimick, J.B., et al. (2006). "Who pays for Poor Surgical Quality? Building a Business Case for Quality Improvement." *Journal of the American College of Surgeons*, 202, 933-937

⁴ Ibid.



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