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A **new study** reveals **significant hospital-to-hospital variability** in **patient death rates** following **emergency surgical admissions** in **England**. Published early online in the *BJS* (*British Journal of Surgery*), the study also found that survival rates were higher in hospitals with better resources.

Patients presenting as emergencies account for the majority of deaths associated with general surgery. There is increasing evidence that the quality of care for these high-risk patients is variable across hospitals within England's National Health Service, which is the country's publicly funded healthcare system. Such variability in care is likely to be reflected in differences in mortality rates among hospitals.

To investigate, Omar Faiz, Consultant Colorectal Surgeon and Honorary Senior Lecturer, St. Mark's Hospital and Imperial College London, and his colleagues conducted a national study to quantify and explore variability in death rates among high-risk emergency general surgery patients. Their analysis included 367,796 patients who received care at 145 hospitals from 2000 to 2009.

The researchers found significant variability in death rates within 30 days of admission among patients treated at different hospitals, with rates ranging from 9.2 percent to 18.2 percent. This variability in mortality may in part be explained by differences in hospital resources. Specifically, hospitals that had greater numbers of intensive care beds and made greater use of ultrasound and computed tomography scanning tended to have lower mortality rates.

"We do not yet fully understand all the reasons for variable performance, but this study strongly suggests that there is considerable scope for improving the care of emergency surgical patients," said Faiz. "The findings may have long term implications with regard to the provision

of emergency services and the infrastructure required to support high-risk emergency patients in acute general hospitals."