

High-Performance Hospitals Keep AMI Patients Alive in the Long Term



According to a new study published in *The New England Journal of Medicine* by Yale School of Medicine researchers, short- and long-term risk of death after acute myocardial infarction (AMI) is associated with hospital performance.

Risk-standardised mortality rates are widely used to measure quality and hospital performance. However, it is not known whether differences among hospitals in the early survival of patients with AMI are associated with differences in long-term survival. To address this issue, Bucholz and colleagues compared life expectancy among patients admitted to high-performing hospitals with life expectancy among patients admitted to low-performing hospitals.

The researchers analysed data from the Cooperative Cardiovascular Project, a study of Medicare beneficiaries who were hospitalised for acute myocardial infarction between 1994 and 1996 and had 17 years of follow-up. A total of 119,735 patients with acute myocardial infarction admitted to 1824 hospitals were included in the study. The hospitals were grouped into five strata that were based on case-mix severity. Within each case-mix stratum, life expectancy among patients admitted to high-performing hospitals was compared with life expectancy among patients admitted to low-performing hospitals.

The results showed that patients with better 30-day survival rates treated at high-performing hospitals lived an average of 9 to 14 months longer after AMI than those treated at low-performing hospitals. It was also found that the higher life expectancy of patients treated at high-performing hospitals arose from differences in survival during the first 30 days. It is therefore evident that high-performing hospitals not only keep AMI patients alive in the short term but also contribute to long-term survival of patients who may have otherwise died over the long term. Investing in initiatives to improve short-term hospital performance may also improve long-term patient life expectancy.

Source : [The New England Journal of Medicine](#)

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