

Hospitals
 H.S.P. 9
 Dominican Hospital

Heart surgeon says volume not the key

Dominican's new cardiac director questions studies

By TOM LONG
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SANTA CRUZ — The surgeon who will head Dominican Hospital's planned cardiac surgery unit said Tuesday that he thinks a surgery team that performs as few as 50 cardiac surgeries a year can be safe for heart patients.

That statement flies directly in the face of many health-industry experts and studies that say the efficiency of a cardiac surgery team is directly related to the number of surgeries it performs; the higher the number, the safer the team.

"I think the mortality issue and the volume is open to a lot of interpretations," Dr. Lee Griffith said Monday. Griffith is currently on staff at UC San Diego Medical Center, where he is involved in about 500 cardiac surgeries a year. He was named March 3 as director of cardiac surgery.

"One looks at the data and we notice there's a relationship between volume and mortality but we don't know what the relationship is," Griffith said.

Griffith, 45, in town to film a video intended to promote the hospital's new cardiac care program, was responding directly to charges that the Santa Cruz area cannot support two cardiac surgery units. Community Hospital, less than a mile from Dominican, already has such a unit.

Some state health officials were worried when Community Hospital opened its heart center that there would not be enough heart surgeries at that center to guarantee quality. Since Community's center opened in October, approximately 30 coronary bypasses have been performed, as well as three valve replacements. All of those patients have survived.

Recently, members of the medical community have expressed concern, both on and off the record, that competition between the units at Dominican and Community may decrease the efficiency of both surgical teams.

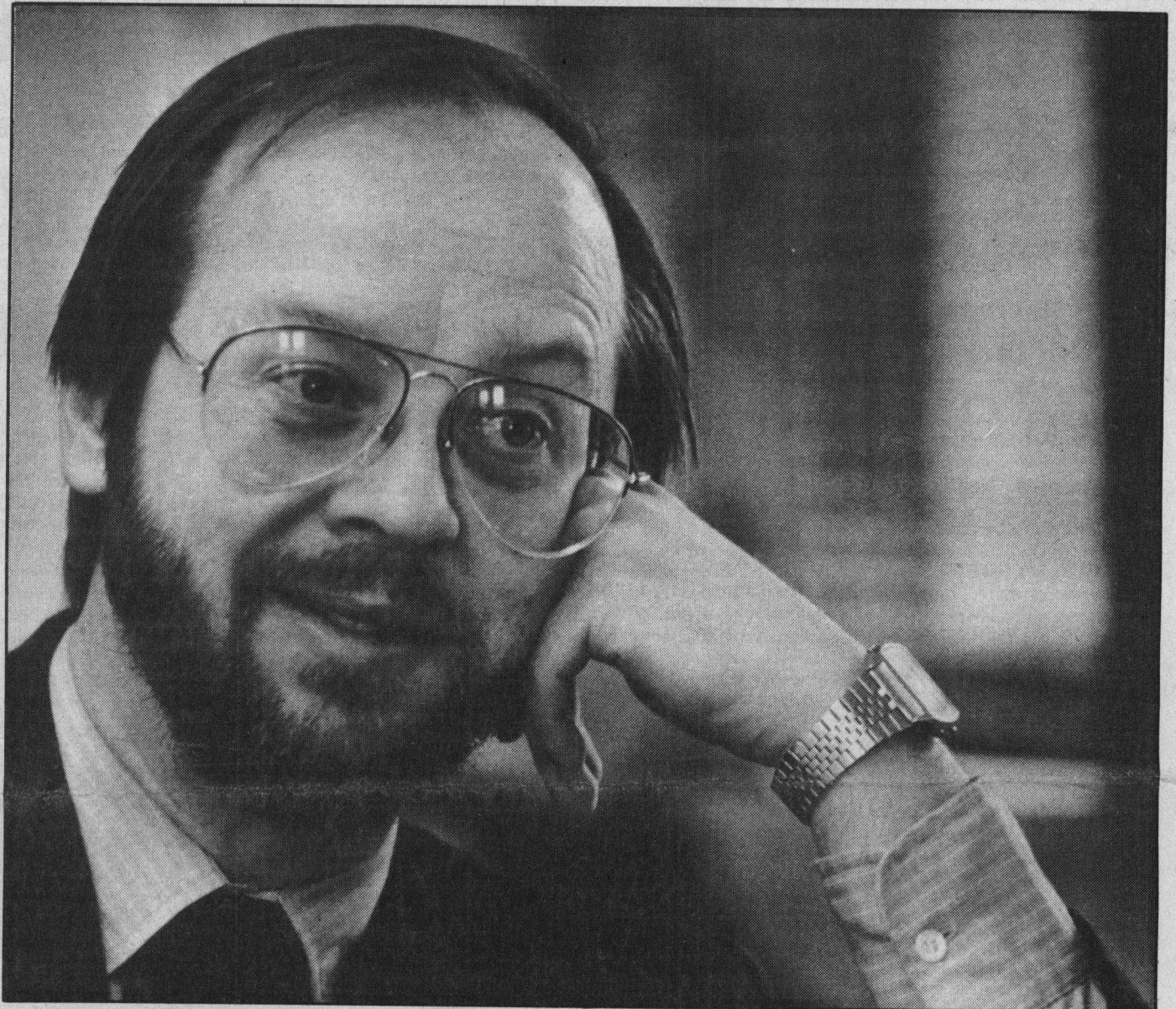
In many studies, 200 such surgeries a year have been considered a high-volume, low-risk situation.

Monday, Griffith said, "I think you should attempt to do at least 100 (surgeries) a year minimum."

Later, when asked if the community could support two cardiac surgery units, Griffith pared down that minimum.

"I don't think it will be a danger to the patients if they (Community Hospital) do 50 and I do 50," Griffith said. "I am not overly concerned about a program that close by."

A study undertaken by the Phoenix



Bill Lovejoy/Sentinel

Cardiac surgeon Lee Griffith says mortality statistics on heart surgery may be skewed.

Gazette in 1987 found that the death rate among Medi-Cal patients following cardiac surgery rose 35 percent after that state experienced a boom in competing cardiac surgical units.

But Griffith argued that mortality statistics as they relate to cardiac surgery may be skewed.

"There's been a dramatic change in the way we practice (in the past few years)," Griffith said. More patients who would have undergone coronary bypass surgery even five years ago are now being treated by balloon angioplasty, a procedure that uses a miniature balloon to clear obstructions in the heart's arteries, Griffith said.

As a result, those patients who do undergo bypass surgery are more likely to be seriously ill than those who were candidates for the operation in earlier years. Many have already had angioplasties which failed; others have been saved through new emergency techniques that keep higher-risk patients alive long enough to make it to an operating room.

Griffith argued that studies comparing death rates — most of which use information that is at least a few years old — have been skewed by these new developments.

Griffith did not have any information or comparisons of the death rates between high-volume and low-volume cardiac surgery units in the past years.

He also said that comparisons might be skewed because "surgeons who have less good results end up at the small hospitals."

But Griffith did draw upon his own experience as a high-volume surgeon at the UC San Diego Medical Center in evaluating the safety of low-volume programs.

"Our mortality is no different between the high- and low-volume hospitals we staff," Griffith said.

The use of surgeons who work in a high-volume environment to staff satellite surgical centers is becoming more common. Community Hospital's Santa Cruz

Heart Institute uses a group of surgeons based at Seton Medical Center in Daly City, all of whom perform upwards of 300 surgeries a year.

But Griffith would be performing surgery only at Dominican. He said he plans to "bring an assistant surgeon along with me," when he moves to this area in the summer.

Griffith argued that there were tangible benefits to a low-volume program.

"Coming from a real high-volume heart surgery program, it's become apparent to me that some of the humanism of heart surgery is being lost," Griffith said.

"The reason I'm coming (here) is to get away from the factory approach," Griffith said. "While it may produce better results, the relationship with the patient suffers."

"The way medicine has changed, the trend really is to move to where the patients are having their problems," Griffith said.