



## Guideline for Institutional Minimal Procedural Volumes

Medical Staff Policies & Procedures	
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### Introduction/Purpose:

Accumulating evidence has linked institutional and surgeon volume to outcomes for certain surgical and invasive procedures. To insure the highest level of care for patients treated at JSUMC, the medical staff will insure that accepted minimal volume standards are maintained wherever relevant.

### Scope:

Procedures for which there is evidence linking minimum volumes to outcomes.

### Guideline:

- ❖ Departments will select procedures to be tracked. At a minimum the procedures listed in Appendix 1 shall be tracked.
- ❖ Minimum volumes required shall be consistent with policy standards. Absent the standard recommendations, minimum volume requirements shall be recommended by the relevant department based on the best current evidence
- ❖ Volumes will be tracked annually by the outcomes department and reported to QI & O committee.
- ❖ If a new procedure is introduced, a 24 month period shall be allowed to achieve the minimum required volume.
- ❖ Should volume for a particular procedure fall below the minimum required volume and outcomes are favorable, an additional 12-24 months may be allowed to achieve adequate volumes as determined by the departmental chair (or designees).

## APPENDIX I

PROCEDURE	MINIMUM ANNUAL INSTITUTIONAL VOLUME
1. Carotid Endarterectomy	20
2. MV Repair and Replacement	40
3. Lung Resection	40
4. Esophageal Resection	20
5. Pancreatic Resection	20
6. Rectal Cancer Surgery	16
7. Bariatric Surgery	50