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SPOTLIGHT

Surgery

In This Issue of JAMA

Opinion 467, 469 Research 483, 496, 505 JAMA Patient Page 536

Research

Transfusion in Patients With Severe Trauma

In a multisite randomized clinical trial that enrolled 680 patients with severe trauma who were predicted to require massive transfusion, Holcomb and colleagues assessed the efficacy and safety of active resuscitation with plasma, platelets, and red blood cells in a 1:1:1 vs a 1:1:2 ratio. The authors found no significant differences in mortality at 24 hours or at 30 days among patients receiving blood product transfusion in a 1:1:1 vs a 1:1:2 ratio.

Factors Associated With Readmission After Surgery

Merkow and colleagues analyzed data from 346 hospitals (498 875 operations) participating in the American College of Surgeons National Surgical Quality Improvement Program to examine factors associated with unplanned postoperative readmissions. Among the authors' findings was that postoperative readmissions were associated with new postdischarge complications related to the surgical procedure—for example, surgical site infections and ileus—and not exacerbations of conditions present before the index hospitalization. In an Editorial, Leape discusses strategies to reduce surgical complications.

Editorial 467

Mathor Video Interview jama.com Continuing Medical Education jamanetworkcme.com

ACS NSQIP Participation, Surgical Outcomes, and Costs

Osborne and colleagues evaluated the relationship between American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP) participation and surgical outcomes and Medicare expenditures in an analysis of data (2003-2012) from more than 1.2 million patients. Outcomes and expenditures were assessed before and after ACS NSQIP enrollment in 263 hospitals and were compared with outcomes and expenditures in 526 hospitals not participating in ACS NSQIP. The authors found no association between ACS NSQIP participation and improved surgical outcomes or lower Medicare payments. In an Editorial, Berwick discusses measuring outcomes to improve the quality of surgical care.

Editorial 469 Related Article 505

■ Author Audio Interview jama.com

Alkithican University

Humanities

The Art of JAMA

448 Coyote and Alders, 1995 Alex Colville (1920-2013).

Poetry and Medicine

527 Hearing the News While Walking on the Beach

JAMA Revisited

528 The Psychology of Modernism in Literature

Opinion

Viewpoint

457 Physician Self-referral: Regulation by Exceptions EY Adashi and RP Kocher

459 Wearable Devices as Facilitators, Not Drivers, of Health Behavior Change MS Patel, DA Asch, and KG Volpp

461 International Research Ethics Education J Millum, B Sina, and R Glass

463 Digital Multimedia: A New Approach for Informed Consent? AR Tait and T Voepel-Lewis

A Piece of My Mind

465 Should C Be a Passing Grade for the USPSTF?
BG Saver

Editorial

467 Hospital Readmissions Following Surgery: Turning Complications Into "Treasures" Lt. Leape

469 Measuring Surgical Outcomes for Improvement: Was Codman Wrong? DM Berwick

LETTERS

Research Letter

520 Quality Measures Based on Presenting Signs and Symptoms of Patients

HK Kanzaria and Coauthors

Comment & Response

522 Age Cutoffs for Bioprosthetic vs Mechanical Aortic Valve Replacement

524 Sterilization of Endoscopic Instruments

525 Proposed Shift in Screening for Breast Cancer

526 Correction



Editor in Chief Howard Bauchner, MD 131 YEARS OF CONTINUOUS PUBLICATION

In This Issue of JAMA

February 3, 2015 Volume 313, Number 5 Pages 439-536

Research (continued)

ACS NSQIP Participation, Surgical Complications, and Mortality 505

Etzioni and colleagues analyzed patient data from nearly 340 000 elective surgery hospitalizations at a consortium of 113 academic hospitals to assess surgical outcomes experienced by patients treated at 44 hospitals participating in and 69 not participating in the American College of Surgeons National Surgical Quality Improvement Project (ACS NSQIP). In analyses that accounted for patient risk, procedure type, and temporal trends, the authors found no association between hospital participation in ACS NSQIP and improvements in postoperative outcomes over time.

Editorial 469 Related Article 496

Clinical Review & Education

Readmission as a Quality Measure in Surgery

An article in *JAMA Surgery* reported that more than one-quarter of surgery-associated complications are diagnosed after hospital discharge and are strong predictors of hospital readmission. In this From The JAMA Network article, Dimick and Ghaferi discuss whether hospital readmission rates are a useful quality measure in surgery.

Skin and Mouth Lesions, Weight Loss in an Elderly Man

An elderly man taking warfarin for atrial fibrillation has a 4-month history of multiple dark lesions on his upper body and in his mouth and an unintentional weight loss of 15.8 kg. Physical examination reveals many slightly raised and erythematous skin lesions and 2 discrete erythematous patches on the soft palate. A skin lesion was biopsied, and results are pending. What would you do next?

⊞ Quiz jama.com

Evaluation of Elevated Bilirubin in Asymptomatic Adults

In this JAMA Diagnostic Test Interpretation article, VanWagner and Green present a 57-year-old man with asymptomatic hyperbilirubinemia. The patient takes no medications and drinks one alcoholic beverage daily. His physical examination is generally unremarkable. How would you interpret the finding of hyperbilirubinemia?

The second secon

JAMA Patient Page 536 What to Ask Your Surgeon Before an Operation

NEWS & ANALYSIS

Medical News & Perspectives

452 Recent Findings May Inform Breast Density Notification Laws

454 Access to Health Care for Millions in the Balance as US Supreme Court Reviews Federal Subsidies for Insurance

455 Lab Report

512

514

Glutamate Control May Help Combat Age-Related Memory Loss

Antibody Class Neutralizes Multiple Forms of Dengue Virus

Novel Peptide Reverses Obesity and Diabetes in Rodents

Knee Cartilage Regenerated With 3D-Printed Scaffold

456 News From the CDC

Low Rate of HIV Viral Suppression

College Students View Hookah as a Safe Alternative to Cigarettes

Online @ jama.com



Editor's Audio Summary

Edward H. Livingston, MD, summarizes and comments on this week's issue.

Author Reading



AUDIO Kevin G. Volpp, MD, PhD, reads his Viewpoint "Wearable Devices as Facilitators, Not Drivers, of Health Behavior Change."

Author Interview

VIDEO Interview with Karl Y. Bilimoria, MD, MS, author of "Factors Associated With Hospital Readmission Following Surgery in the United States"

AUDIO Interview with Donald Berwick, MD, author of "Measuring Surgical Outcomes for Improvement: Was Codman Wrong?"

Departments

445 Staff Listing

518 CME Questions

529 JAMA Network Abstracts

531 Classified Advertising

534 Journal Advertiser Index

535 Contact Information

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JAMA February 3, 2015 Volume 313, Number 5

44