

ISSUE BRIEF, JANUARY 2018

A systematic review of the effect of facility characteristics on patient outcomes for procedures in outpatient settings

Key Points:

- A systematic review of existing research indicates there is no difference in patient safety for outpatient procedures performed in ASCs vs. physician offices.
- There is a lack of research about whether specific facility requirements may improve patient safety for outpatient procedures.
- There is no evidence to suggest that requiring that abortions be performed in specific types of facilities increases patient safety or improves patient experience, and may instead have an adverse effect, limiting the availability of abortion services.
- Laws that single out abortion facilities with specific facility requirements are not based in research evidence.

Background

- About 53 million medical procedures are performed annually at outpatient facilities, which has led to efforts to study and improve patient experiences in these settings.¹ Abortion is a common outpatient procedure, with almost one million procedures occurring in the US every year.²
- While abortion has a well-documented patient safety record spanning more than four decades^{3,4,5}, an increasing number of states have enacted laws that impose specific requirements for facilities in which abortions are performed.

These requirements include requiring abortions to be performed in ambulatory surgery centers (ASCs) and requiring abortion providers to have hospital admitting privileges.⁶ These targeted regulations of abortion providers (TRAP laws) do not affect other outpatient procedures or facilities.

- To date, there has been no systematic review of the scientific evidence on the effect of outpatient facility type (ASC or office/clinic) or specific facility requirements (such as facility accreditation, emergency response protocols, clinician qualifications, physical plant requirements or other facility policies) on patient outcomes. This study⁷ documents the quality and synthesizes the results of existing research across outpatient procedures, including abortion.

Findings

- Researchers conducted a wide search for academic, governmental and non-governmental research and identified 22 studies that met criteria for inclusion in the systematic review.
- A number of studies were limited by methodological challenges. More than half (54%) of the 22 studies were found to have a critical risk of bias that could affect their results. The researchers closely reviewed the 10 higher quality studies.
- Among the higher quality studies, there was no consistent pattern to results on the effect that facility type had on patient safety. Some studies indicated procedures were safer in ASCs, some

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- indicated procedures were safer in physician offices, and some indicated no difference in safety by facility type.
- Two higher quality studies found that requiring abortion providers to have hospital admitting privileges resulted in decreases in abortion service availability and one higher quality study found that requiring abortions to be performed in ASCs resulted in decreases in abortion service availability.
 - One study of multiple outpatient procedures found no consistent relationship between a facility's accreditation status and patient safety.
 - There were no high quality studies that addressed the impact of other facility characteristics, including clinician qualifications, physical characteristics, or other facility policies.

Conclusions

- Existing evidence does not indicate a difference in patient safety when outpatient procedures are performed in ASCs vs. physician offices.
- There is lack of research on the effect of specific facility requirements on patient safety.

- Requiring that abortions be performed in ASCs or that abortion providers have hospital admitting privileges may be associated with a decrease in the availability of abortion services.
- More research is needed to determine if specific facility requirements might improve patient safety without adversely affecting patient experience and service availability.

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References

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