Response to: "The Mortality Observed-to-Expected Ratio in Otolaryngology," from Roberson
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We thank Dr Roberson for his insightful and very kind remarks. We solidly agree with him that the most important element of this ratio is attention to actually save lives. In addition, we agree that any study looking at quality interventions in the hospital setting is subject to limitations from the unintended Hawthorne effect. Simply stated, quality studies may show improvement simply from the creation of the study and not from meaningful improvement to the system or organization. Although this phenomenon is commonly noted in quality research, it is extremely difficult to quantify the extent of the effect.1

Governmentally run programs are looking to develop methods for differential payments based on stratification of quality of care. Along with readmissions, cost of care, and use of services, we expect the mortality observed to expected (O:E) ratio to play a significant role in the stratification of programs and providers. Morbidity and mortality are no longer about dealing with “irreducible minimums” and “the cost of doing business” with very sick patients.

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Reference