UK website publishes cardiac surgery survival rates

Susan Mayor *London*

Patients in England and Wales needing cardiac surgery can now use a website to compare survival rates in different surgical units to inform their choice of where to have their operation.

Launched last week, the website gives details of survival rates for all cardiac surgery combined and individually for coronary artery bypass graft and aortic valve replacement surgery (the two most common types of heart operation) for units in England and Wales between April 2004 and March 2005. Units in Scotland will be included in the next few months.

The data show whether the rate of survival is within the expected range. The overall survival rate from April 2004 to March 2005 was 96.6%—well above the expected range of 93.7% to 94.5%. The figures were adjusted for the type of patients treated and how old or sick they were before surgery.

The website was developed by the Healthcare Commission—the independent regulator of health care in England—and the Society for Cardiothoracic Surgery in Great Britain and Ireland “to help patients who need heart surgery to make informed choices about their care and treatment.”

One of the factors leading to its creation was the inquiry into

heart surgery at Bristol Royal Infirmary, where surgeons continued to perform cardiac surgery on children even though they had higher than average mortality (*BMJ* 2001;323:181).

Ian Kennedy, chairman of the Healthcare Commission, said: “This is an important move in increasing information available to patients and the public about clinical outcomes.” The commission said the publication could eventually lead to individual data being released on all surgeons.

Ben Bridgewater, a consultant cardiac surgeon and clinical director at South Manchester University NHS Hospitals Trust, considered that publication of survival data drives up quality, in addition to improving patients’ choice. “We’ve seen significant mortality reductions year on year for the last six years. There is a direct association between collecting data and improvement in quality. When you benchmark performance in a structured way you see improvement, simply by looking at what is happening.”

All hospitals doing cardiac surgery have to provide data on survival rates for the new website. Three hospitals—St Mary’s Hospital in London, Glenfield Hospital in Leicester and Morriston Hospital in Swansea—that

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failed to provide figures have until June to do so. They claimed to have had problems compiling risk adjusted information.

Mr Bridgewater said: “It’s a disgrace that some units haven’t supplied data. They have been aware of this for some time. I don’t understand how hospitals can run internal governance unless they collect relevant data. Failure to collect data implies a shambles in internal clinical governance.” However, he added that he was aware that Glenfield Hospital had the data.

In addition to data for units, the website gives information for individual surgeons from 17 out of the 37 hospitals included. Bruce Keogh, president of the Society for Cardiothoracic Surgeons, said some surgeons were still against publishing data on individuals, believing it would

lead to more pressure for good results and consequently discourage surgeons from operating on higher risk patients. He added: “I believe we will overcome these concerns.”

Christopher Munsch, a cardiac surgeon at Leeds General Infirmary, said in an interview with the BBC that he had a survival rate slightly lower than some of his colleagues because he operated on a higher proportion of complex patients. He said the data could easily be misused.

He said that if patients started favouring doctors with the highest survival rates he would have to consider whether he would continue doing the riskiest surgery.

Mr Bridgewater said he had found that this did not happen in practice. His unit has published survival rates for several years, and despite initial concerns he said there was no evidence that surgeons operated on fewer high risk patients.

A spokesperson for Glenfield Hospital said that a breakdown in communication between the Healthcare Commission and the trust meant that its data had been omitted but that they would be added to the website at the earliest opportunity.

A spokesperson for St Mary’s Hospital said that it was still compiling risk adjusted data for its unit and individual surgeons, hence the delay in its submission.

Heart Surgery in Great Britain, is at <http://heartsurgery.healthcarecommission.org.uk>.

Dutch want publication of data on heart surgery

Tony Sheldon *Utrecht*

Heart surgery centres in the Netherlands are being urged to provide data on mortality and

morbidity after a university hospital was ordered to halt operations when inspectors confirmed “abnormally high” death rates.

Adult heart surgery at the St Radboud University Medical Centre in Nijmegen, has been stopped for an unspecified time after the Health Care Inspec-

torate concluded that the “safety and quality” of care could not be guaranteed.

The independent report was ordered by the inspectorate after concerns that mortality and morbidity compared unfavourably with European averages. This followed the leaking last September of an email from a professor of cardiosurgical anaesthesiology at the hospital. He claimed an unacceptably high level of deaths in patients having heart valve surgery and said that he would not allow the centre to operate on him.

The inspectorate investigated the whole process of heart surgery care over three years, interviewing 50 staff and analysing 66 deaths, and concluded that the “cooperation

between different disciplines” and the “organisation” of care was “unsatisfactory.” Additional “negative influences” included a lack of leadership and internal conflicts.

Specifically, deaths after thoracic heart surgery in 2004 were “abnormally high.” At 6.7% they were at more than twice the national rate. The inspectorate thought that at least seven of the 66 deaths investigated could have been “avoided.” Also there was a “high to very high incidence” of repeat operations between 2003 and 2005 due to bleeding, infections, and organ failure.

The inspectorate rejected a claim by the hospital that the higher mortality could be explained by the complexity of patients. It blames no individual

or group within heart surgery. Instead the whole process of care malfunctioned before, during, and after surgery with “very little use of protocols, little multidisciplinary or uniform behaviour, scarcely any testing of treatment, and a lack of leadership.”

The hospital has endorsed the report but stressed that it has already taken measures to reduce complications after surgery.

The report carries a broader warning that the “insufficient insight into the performance of other heart centres” carries the risk that “unfavourable results” could occur elsewhere.

The report, *Een Tekortschietend Zorgproces [An Inadequate Care Process]*, is available at www.igz.nl.