Much Ado About Nothing – Are Patients Aware of the Mortality Data Published by the Society of Cardiothoracic Surgery?

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Background

1977 The Society of Cardiothoracic Surgery (SCTS) record data on cardiothoracic operations

2001 Bristol Inquiry

2003 Reporting of outcomes associated with 25% reduction in mortality in adult cardiac surgery

2007 National surgeon-specific mortality data (SSMD) in cardiac surgery appears in public domain
Aims of collecting and publishing surgeons’ mortality data

- Improve the quality of patient care
- Allow comparison of clinical performance nationally and internationally
- Allow transparency and patient choice
Aim

Assess patient awareness and interpretation of SCTS data on surgeon-specific mortality data (SSMD) and hospital-specific mortality data (HSMD).
Material

Questionnaire

- Assess patient awareness of the SSMD and HSMD graphs published from 2010 to 2013
- Patient interpretation of the graphs
- Relevance of these data to patients
- Importance of SSMD and HSMD discussion before surgery
Method

Questionnaire

Graphs of 3 anonymous surgeons and 3 anonymous hospitals were included.

A single interviewer explained the graphs and asked the questions.

Given to 42 adult patients, 4 days after any major cardiac operation from February to August 2015.
Surgeons’ Mortality Graphs

Data For Period April 2010 - March 2013
Risk Adjusted In-Hospital Mortality Rate

489 operations with a mortality rate of 0.92%

Number of Operations

National Average
One-Sided 95% Control Limit (Corrected)
Surgeons’ Mortality Graphs

Data For Period April 2010 - March 2013

Risk Adjusted In-Hospital Mortality Rate

449 operations with a mortality rate of 5.28%
Surgeons’ Mortality Graphs

Data For Period April 2010 - March 2013
Risk Adjusted In-Hospital Mortality Rate

506 operations with a mortality rate of 6.63%

Number of Operations
0% - 10% - 5%
0 250 500 750
Risk-Adjusted Mortality Rate
National Average
One-Sided 95% Control Limit (Corrected)
Hospitals’ Mortality Graphs

Data For Period April 2010 - March 2013
Risk Adjusted In-Hospital Mortality Rate

3021 operations with a mortality rate of 2.17%
Hospitals’ Mortality Graphs

Data For Period April 2010 - March 2013
Risk Adjusted In-Hospital Mortality Rate

3252 operations with a mortality rate of 2.97%
Hospitals’ Mortality Graphs

Data For Period April 2010 - March 2013
Risk Adjusted In-Hospital Mortality Rate

1834 operations with a mortality rate of 5.35%

Risk-Adjusted Mortality Rate

Number of Operations

1000 2000 3000 4000 5000 6000

Risk-Adjusted Mortality Rate

National Average
99% Control Limit
Results

Patient Awareness

SSMD
- 7%
- 93% (39/42)

HSMD
- 0%
- 100% (42/42)
Results

Interpretation of SSMD and HSMD graphs

- 83% (35/42) Correct interpretation
- 17% Incorrect or unable to interpret
Is SSMD or HSMD more important?

- SSMD: 55% (23/42)
- HSMD: 45% (19/42)
Results

Would patients appreciate pre-op discussion of these data?

50% (21/42) Yes
50% No
Conclusions

1. Despite efforts by the SCTS to present these data to the public, there was very little patient awareness.

1. The majority of patients were able to interpret the mortality data, therefore there is a willingness to engage.

1. Half of patients support discussion of SSMD and HSMD.
What is more important?

Surgeons

- 55%
  - "The surgeon is the one with the skills and experience"
  - "My life is in the surgeon’s hands"
  - "The surgeon is the key person in the team"

Hospitals

- 45%
  - "Bad hospitals would not retain good surgeons"
  - "Follow-up care is important"
1. **Accessibility of information**  
   Should these data be part of the commissioning process?  
   Should SSMD and HSMD data be part of the consent process?

2. **Increasing awareness**  
   Would it be worth increasing awareness through social media applications?

3. **Professional monitoring**  
   Should we continue to use these data solely for professional monitoring purposes?
References


