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PERSONAL PERSPECTIVE

WHY	**Everyone Counts: Planning for Patients 13/14**
WHAT	Performance information
HOW	Charts and Reports
FOR WHAT	Comparison
FOR WHOM	Public/Trust/Individual

Introduction

Individual Surgical Outcomes for 2014 | The Association of Coloproctology of Great Britain and - Windows Internet Explorer

http://www.acpgbi.org.uk/surgeon-outcomes/

Bing

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Individual Surgical Outcomes for 2014 | The Asso...

Home > Surgeon Outcomes

Individual Surgical Outcomes for 2014

In December 2012, NHS England asked ten clinical specialties to report outcomes for individual consultants. In response, The Association of Coloproctology of Great Britain and Ireland published in September 2013 the mortality of patients in the first 90 days after a planned operation undertaken to remove a bowel cancer for named surgeons practising in England.

This year's data

This year the outcomes are assessed based on data provided by the National Bowel Cancer Audit for patients whose bowel cancer was diagnosed between April 2010 and March 2013 – a total of 3 years elective (planned not emergency) resection outcomes. On this page, you can find the results for all NHS Trusts in England and search for the surgeons who work within these Trusts.

Alternate information on mortality rates

Information about how the mortality after a planned bowel cancer operation was calculated can be found in our Information for Patients page. More detailed information about the methods that were used can be found in our explanatory notes. These notes describe how the reported results have been

Explanatory Notes

More detailed information about the methods used in the Surgeon Outcomes

Read Notes

Information for Patients

Information about how the mortality after a planned bowel cancer operation was calculated

Read Notes

Patients Used in

Domain 1

Preventing people from dying prematurely

Domain 2

Enhancing quality of life for people with long-term conditions

Domain 3

Helping people to recover from episodes of ill health or following injury

Domain 4

Ensuring people have a positive experience of care

Domain 5

Treating and caring for people in a safe environment and protecting them from avoidable harm

Domain 1

Preventing people from dying prematurely

Earlier diagnosis

Improving management in community

Improving acute services

Preventing recurrence

Focusing on outcomes

Publication of consultant-level outcome data covering mortality and **quality**

NHS planning Commissioners will make improvements against all indicators

Improving knowledge and data

NHS Standard Contract requires all NHS providers to submit data sets that comply with published information standards

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The Premise

Secondary care providers must account for outcomes of all patients

Adopt modern, safe standards of electronic record keeping by 2014/15

Quality, innovation, productivity and prevention (QIPP)

To ensure that the NHS continues to improve outcomes

significant actions that will sustain and safeguard quality in future

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High quality data

Relevant data

Key tool for commissioning

Information systems MUST BE improved /integrated

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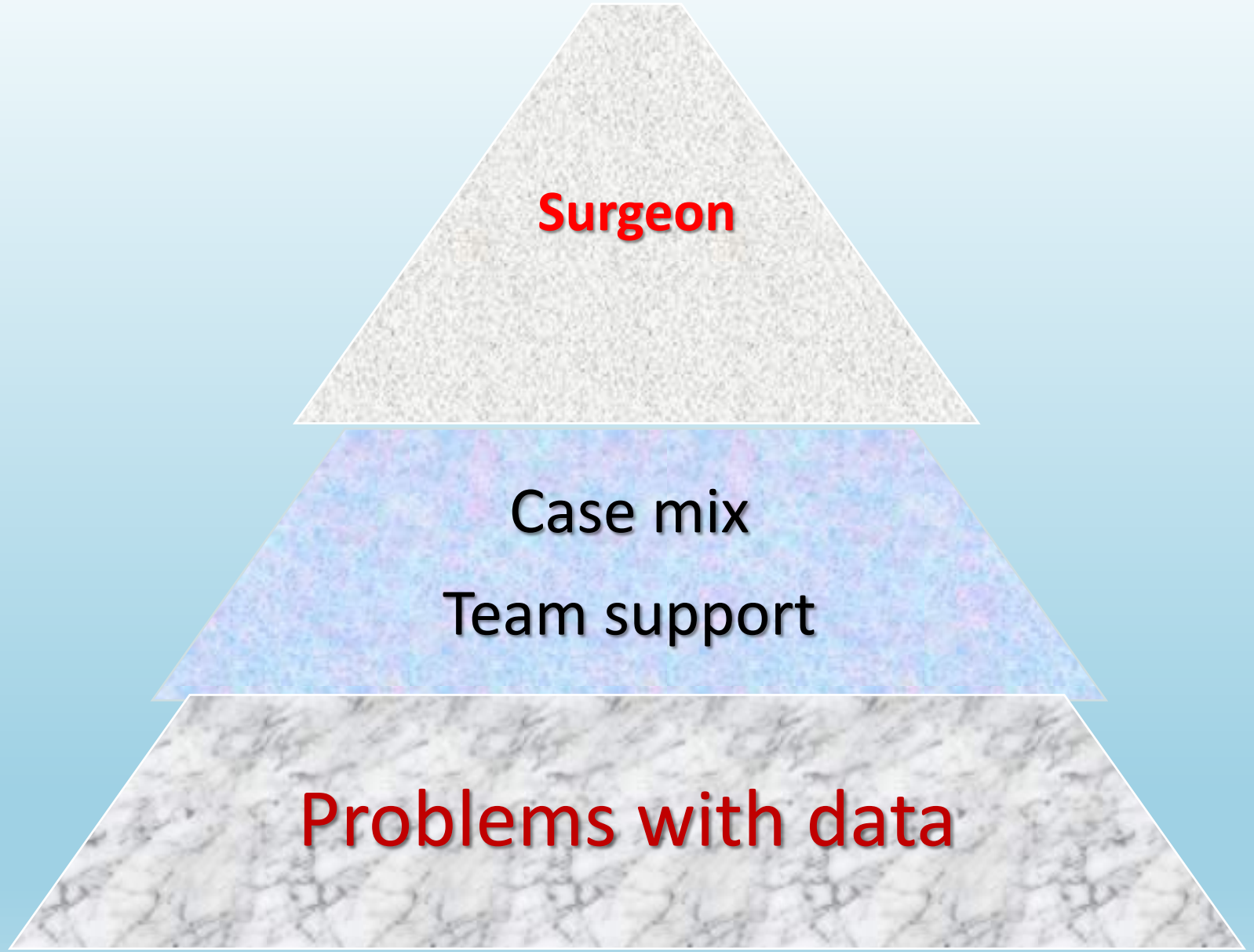
Surgeon
Case mix
Team support
Problems with data

Data Collected Routinely (HES, PEDW, HIS, ISD)

Key procedures covering the majority of surgeons' practice

Analysis of these data will be provided by Trusts

Individual outcomes presented alongside surgeons in the country

(eg. in a funnel plot)

process Identified for further investigation if individual outcomes are outside accepted norms

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Following common Outcome Measures:

Length of Stay

28 day Unplanned readmission

30 day mortality/90 day mortality

28 day reoperation/ reintervention

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Key Procedures	OPCS Codes	Measurement Criteria
Abdominal colectomy (excluding IBD	H04,H05, H06,H07,H08,H09 H10,H11 +/- Y75.1	• Length of Stay (day case rate and median) • 28 day unplanned readmission • 30 day mortality • 28 day reoperation/ reintervention
Surgery for IBD	G58,G69,G70,G74 G78.2,H04,H05, H06,H07,H08,H09 H10,H11 +/- Y75.1	
Surgery of functional bowel disorders	H05, H35, H41.1, H42,H50, G74, H15	
Ano-rectal surgery	H48, H49, H51, H55, H56, H58, H59, H60	• Length of Stay (day case rate and median) • 28 day unplanned readmission
Colonoscopy	H22	• See (4) below
Surgery for rectal cancer	H33	• As above • Permanent stoma rate [G74, H15]

WHAT	Demographics :	? Age by 5 yearly steps after 75 yrs
	Co Morbidities :	Is ASA sufficient?
	Risk Adjustment:	How reliable?

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FOR WHOM

Public – on line information

Commissioners

Trust

Revalidation

Individual - reflection

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Grumpy Chops

2014

Case Distribution

Total No of Cases	35	Lap v Open	20 - 15
Total Rectal Cancers	10	Anterior Resection	8
APR	2	Stoma Rate	20%
Right Hemi Colectomy	10	Total Colectomy_Other	15

Age Distribution

Age Groups < 50	3	Age Groups > 90	1
Age Groups 50 - 60	5	Age Groups 60 - 70	7
Age Groups 70 - 80	16	Age Groups 80 - 85	2
Age Groups 85 - 90	1		

ASA Distribution

ASA Score 1		ASA Score 2	
ASA Score 3		ASA Score 4	

Length of Stay	6.5	Mortality	0
Risk Adjusted Mortality	0		

FOR WHAT

Increased information for patients to make choices

Greater accountability to the communities

Balancing annual requirements with the longer term

Greater transparency on outcomes

Mechanisms to enhance patient feedback

Drive evidence-based medicine

Achieve high professional standards

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ISSUES TO THINK ABOUT

Team vs individual data?

Co-Morbidity and risk adjustments

Morbidity vs Mortality

30 day vs 90 day mortality

Data quality

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30 day vs 90 day mortality

Data quality

Risk adjustment

Accurate prediction of mortality for each patient

Predict expected no. of deaths for the surgeon

Adjusted mortality =

$$\frac{\text{Observed no. of deaths}}{\text{Expected no: of deaths}} \times \text{Overall mortality}$$

>Deaths than expected – adjusted higher

< deaths than expected – adjusted lower

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Risk adjustment

Age; Sex

ASA Grade

TNM Stage

Cancer Site

Mode of admission

No. of comorbidities

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Risk adjustment

Co-morbidities

Only recorded at an admission in the previous year

Associated strongly with 90 day mortality

Validated on 60,000 non-vascular abdo-surgery

Mortality X 2 in patients with 1 co-morbidity

Mortality X 3 in patients with 2+ co-morbidity

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Data quality – Who is responsible?

Finally – what of teaching/Training

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Other factors to think about

Co-Morbidity indices – NBOCA/CR-POSSUM/CHARLSON ETC

CPEX

BMI

DEPRIVATION

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Discussion

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