

# The ethical case for public reporting of surgeon performance in Australia

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# Recent developments in public reporting of hospital and surgeon performance information

- Hospital 'report cards' for many procedures have been available for some time in the US, UK, and Australia. In the UK, see Dr Foster website:  
*<http://www.drfoosterhealth.co.uk/>*
- Cardiac surgeon-specific performance data ('surgeon report cards') have been publicly available in several US states (eg New York, Pennsylvania) since the early 1990s. In 2001 New York also began publishing cardiologists' mortality rates for angioplasties. See:  
*[http://www.health.state.ny.us/diseases/cardiovascular/heart\\_disease/docs/2004-2006\\_adult\\_cardiac\\_surgery.pdf](http://www.health.state.ny.us/diseases/cardiovascular/heart_disease/docs/2004-2006_adult_cardiac_surgery.pdf)*
- Since April 2006, the UK Healthcare Commission (now the Care Quality Commission) has published a website (jointly developed with the SCTS) showing risk-adjusted surgeon-specific survival rates for CABG and aortic valve replacements, for UK cardiac surgeons. See:  
*<http://heartsurgery.cqc.org.uk/information-for-patients.aspx>*

The Commission envisages broadening this to other surgical specialties in the future.

**ADULT  
CARDIAC  
SURGERY**

**in  
New York State**

***2004 – 2006***

New York State Department of Health  
July 2009

**Table 6:** Summary Information for Surgeons Practicing at More than One Hospital, 2004-2006

|                        | Isolated CABG |           |             |             |               | Isolated CABG, or<br>Valve or Valve/CABG |            |                |  |
|------------------------|---------------|-----------|-------------|-------------|---------------|--|------------|----------------|--|
|                        | Cases         | No of     |             |             | RAMR          | 95% CI<br>for RAMR                       | Cases      | RAMR           |  |
|                        |               | Deaths    | OMR         | EMR         |               |  |            |                |  |
| <b>Adkins M</b>        | <b>204</b>    | <b>8</b>  | <b>3.92</b> | <b>1.80</b> | <b>4.36</b>   | <b>(1.88, 8.59)</b>                      | <b>269</b> | <b>7.07 *</b>  |  |
| NY Hospital - Queens   | 203           | 8         | 3.94        | 1.81        | 4.37          | (1.88, 8.61)                             | 267        | 7.10 *         |  |
| NYP- Weill Cornell     | 1             | 0         | 0.00        | 1.04        | 0.00          | (0.00,100.0)                             | 2          | 0.00           |  |
| <b>Aldridge J</b>      | <b>197</b>    | <b>10</b> | <b>5.08</b> | <b>1.78</b> | <b>5.73 *</b> | <b>(2.74,10.54)</b>                      | <b>229</b> | <b>7.89 *</b>  |  |
| Erie County Med Ctr    | 8             | 0         | 0.00        | 1.20        | 0.00          | (0.00,76.56)                             | 12         | 0.00           |  |
| Millard Fillmore Hosp  | 189           | 10        | 5.29        | 1.80        | 5.89 *        | (2.82,10.83)                             | 217        | 8.53 *         |  |
| <b>Ashraf M</b>        | <b>643</b>    | <b>6</b>  | <b>0.93</b> | <b>1.82</b> | <b>1.03</b>   | <b>(0.38, 2.24)</b>                      | <b>824</b> | <b>1.81 **</b> |  |
| Buffalo General Hosp   | 29            | 0         | 0.00        | 1.79        | 0.00          | (0.00,14.20)                             | 32         | 0.00           |  |
| Erie County Med Ctr    | 52            | 1         | 1.92        | 1.76        | 2.19          | (0.03,12.18)                             | 66         | 4.79           |  |
| Millard Fillmore Hosp  | 562           | 5         | 0.89        | 1.83        | 0.98          | (0.31, 2.28)                             | 726        | 1.62 **        |  |
| <b>Attai L</b>         | <b>164</b>    | <b>2</b>  | <b>1.22</b> | <b>1.40</b> | <b>1.75</b>   | <b>(0.20, 6.32)</b>                      | <b>243</b> | <b>3.65</b>    |  |
| Montefiore - Einstein  | 6             | 0         | 0.00        | 1.51        | 0.00          | (0.00,81.00)                             | 8          | 0.00           |  |
| Montefiore - Moses     | 158           | 2         | 1.27        | 1.39        | 1.82          | (0.20, 6.58)                             | 235        | 3.76           |  |
| <b>Bell-Thomson J</b>  | <b>495</b>    | <b>9</b>  | <b>1.82</b> | <b>1.70</b> | <b>2.14</b>   | <b>(0.98, 4.06)</b>                      | <b>694</b> | <b>3.84</b>    |  |
| Erie County Med Ctr    | 408           | 8         | 1.96        | 1.75        | 2.25          | (0.97, 4.43)                             | 605        | 3.95           |  |
| Mercy Hospital         | 87            | 1         | 1.15        | 1.49        | 1.54          | (0.02, 8.59)                             | 89         | 2.51           |  |
| <b>Bennett E</b>       | <b>240</b>    | <b>4</b>  | <b>1.67</b> | <b>1.58</b> | <b>2.12</b>   | <b>(0.57, 5.43)</b>                      | <b>474</b> | <b>2.88</b>    |  |
| Champ.Valley Phys Hosp | 14            | 1         | 7.14        | 1.32        | 10.88         | (0.14,60.52)                             | 17         | 15.55          |  |
| St. Peters Hospital    | 226           | 3         | 1.33        | 1.59        | 1.67          | (0.34, 4.89)                             | 457        | 2.68           |  |
| <b>Brevetti G R</b>    | <b>40</b>     | <b>0</b>  | <b>0.00</b> | <b>1.46</b> | <b>0.00</b>   | <b>(0.00,12.62)</b>                      | <b>75</b>  | <b>1.55</b>    |  |
| Maimonides Medical Ctr | 6             | 0         | 0.00        | 1.78        | 0.00          | (0.00,68.81)                             | 12         | 5.31           |  |
| Univ.Hosp-Brooklyn     | 34            | 0         | 0.00        | 1.40        | 0.00          | (0.00,15.45)                             | 63         | 0.00           |  |
| <b>Canavan T</b>       | <b>377</b>    | <b>5</b>  | <b>1.33</b> | <b>1.80</b> | <b>1.48</b>   | <b>(0.48, 3.45)</b>                      | <b>443</b> | <b>2.42</b>    |  |
| Champ.Valley Phys Hosp | 11            | 0         | 0.00        | 1.00        | 0.00          | (0.00,67.15)                             | 12         | 0.00           |  |
| St. Peters Hospital    | 366           | 5         | 1.37        | 1.83        | 1.50          | (0.48, 3.50)                             | 431        | 2.45           |  |
| <b>Chen J M</b>        | <b>.</b>      | <b>.</b>  | <b>.</b>    | <b>.</b>    | <b>.</b>      | <b>( . , . )</b>                         | <b>5</b>   | <b>19.54</b>   |  |
| NYP- Columbia Presby.  | .             | .         | .           | .           | .             | ( . , . )                                | 3          | 23.85          |  |
| NYP- Weill Cornell     | .             | .         | .           | .           | .             | ( . , . )                                | 2          | 0.00           |  |
| <b>Ciuffo G B</b>      | <b>110</b>    | <b>3</b>  | <b>2.73</b> | <b>2.39</b> | <b>2.29</b>   | <b>(0.46, 6.69)</b>                      | <b>226</b> | <b>5.14</b>    |  |
| Bellevue Hospital Ctr  | 1             | 0         | 0.00        | 1.39        | 0.00          | (0.00,100.0)                             | 1          | 0.00           |  |
| Lenox Hill Hospital    | 3             | 0         | 0.00        | 2.08        | 0.00          | (0.00,100.0)                             | 3          | 0.00           |  |
| NYU Hospitals Center   | 46            | 1         | 2.17        | 2.18        | 2.00          | (0.03,11.11)                             | 103        | 2.57           |  |
| SVMC- St. Vincents     | 60            | 2         | 3.33        | 2.58        | 2.60          | (0.29, 9.37)                             | 119        | 7.46 *         |  |
| <b>Crooke G</b>        | <b>16</b>     | <b>0</b>  | <b>0.00</b> | <b>1.11</b> | <b>0.00</b>   | <b>(0.00,41.25)</b>                      | <b>27</b>  | <b>5.20</b>    |  |
| Montefiore - Moses     | 10            | 0         | 0.00        | 0.75        | 0.00          | (0.00,97.99)                             | 14         | 0.00           |  |
| NYU Hospitals Center   | 6             | 0         | 0.00        | 1.72        | 0.00          | (0.00,71.25)                             | 13         | 8.37           |  |

Table 6 continued

|                        | Isolated CABG  |           |             |             |             | 95% CI<br>for RAMR  | Isolated CABG, or<br>Valve or Valve/CABG |               |
|------------------------|----------------|-----------|-------------|-------------|-------------|---------------------|--|---------------|
|                        | No of<br>Cases | Deaths    | OMR         | EMR         | RAMR        |                     | Cases                                    | RAMR          |
| <b>Reich H</b>         | <b>276</b>     | <b>3</b>  | <b>1.09</b> | <b>1.53</b> | <b>1.43</b> | <b>(0.29, 4.18)</b> | <b>360</b>                               | <b>2.48</b>   |
| Champ.Valley Phys Hosp | 5              | 0         | 0.00        | 1.40        | 0.00        | (0.00,100.0)        | 6  | 0.00          |
| Ellis Hospital         | 271            | 3         | 1.11        | 1.53        | 1.45        | (0.29, 4.25)        | 354                                      | 2.51          |
| <b>Ribakove G</b>      | <b>124</b>     | <b>3</b>  | <b>2.42</b> | <b>2.15</b> | <b>2.26</b> | <b>(0.45, 6.61)</b> | <b>306</b>                               | <b>3.74</b>   |
| Bellevue Hospital Ctr  | 49             | 0         | 0.00        | 1.52        | 0.00        | (0.00, 9.88)        | 99                                       | 4.86          |
| NYU Hospitals Center   | 75             | 3         | 4.00        | 2.55        | 3.14        | (0.63, 9.18)        | 207                                      | 3.39          |
| <b>Saifi J</b>         | <b>372</b>     | <b>10</b> | <b>2.69</b> | <b>1.75</b> | <b>3.08</b> | <b>(1.47, 5.66)</b> | <b>585</b>                               | <b>3.48</b>   |
| Champ.Valley Phys Hosp | 4              | 0         | 0.00        | 0.99        | 0.00        | (0.00,100.0)        | 4  | 0.00          |
| Ellis Hospital         | 1              | 0         | 0.00        | 1.27        | 0.00        | (0.00,100.0)        | 1  | 0.00          |
| St. Peters Hospital    | 367            | 10        | 2.72        | 1.76        | 3.10        | (1.49, 5.71)        | 580                                      | 3.49          |
| <b>Sarabu M</b>        | <b>411</b>     | <b>5</b>  | <b>1.22</b> | <b>1.62</b> | <b>1.50</b> | <b>(0.48, 3.51)</b> | <b>596</b>                               | <b>1.86</b>   |
| Mount Sinai Hospital   | 113            | 1         | 0.88        | 1.66        | 1.07        | (0.01, 5.94)        | 149                                      | 0.96          |
| Vassar Bros. Med Ctr   | 78             | 1         | 1.28        | 1.33        | 1.94        | (0.03,10.78)        | 156                                      | 1.43          |
| Westchester Med Ctr    | 220            | 3         | 1.36        | 1.71        | 1.60        | (0.32, 4.68)        | 291                                      | 2.51          |
| <b>Schwartz C F</b>    | <b>139</b>     | <b>1</b>  | <b>0.72</b> | <b>1.48</b> | <b>0.97</b> | <b>(0.01, 5.42)</b> | <b>206</b>                               | <b>4.45</b>   |
| Bellevue Hospital Ctr  | 117            | 1         | 0.85        | 1.33        | 1.28        | (0.02, 7.15)        | 170                                      | 4.17          |
| NYU Hospitals Center   | 22             | 0         | 0.00        | 2.26        | 0.00        | (0.00,14.82)        | 36                                       | 5.14          |
| <b>Singh C</b>         | <b>318</b>     | <b>10</b> | <b>3.14</b> | <b>1.63</b> | <b>3.87</b> | <b>(1.85, 7.12)</b> | <b>392</b>                               | <b>6.09 *</b> |
| Champ.Valley Phys Hosp | 4              | 0         | 0.00        | 1.22        | 0.00        | (0.00,100.0)        | 4  | 0.00          |
| Ellis Hospital         | 258            | 7         | 2.71        | 1.53        | 3.56        | (1.43, 7.33)        | 311                                      | 5.27          |
| St. Elizabeth Med Ctr  | 56             | 3         | 5.36        | 2.12        | 5.08        | (1.02,14.83)        | 77                                       | 8.36          |
| <b>Spielvogel D</b>    | <b>356</b>     | <b>6</b>  | <b>1.69</b> | <b>2.16</b> | <b>1.57</b> | <b>(0.57, 3.41)</b> | <b>480</b>                               | <b>2.86</b>   |
| Mount Sinai Hospital   | 84             | 4         | 4.76        | 2.35        | 4.06        | (1.09,10.39)        | 116                                      | 5.04          |
| Westchester Med Ctr    | 272            | 2         | 0.74        | 2.10        | 0.70        | (0.08, 2.54)        | 364                                      | 2.16          |
| <b>Tortolani A</b>     | <b>414</b>     | <b>4</b>  | <b>0.97</b> | <b>2.45</b> | <b>0.79</b> | <b>(0.21, 2.02)</b> | <b>564</b>                               | <b>2.59</b>   |
| NY Hospital - Queens   | .              | .         | .           | .           | .           | ( . , . )           | 2  | 0.00          |
| NY Methodist Hospital  | 225            | 3         | 1.33        | 2.02        | 1.32        | (0.27, 3.86)        | 297                                      | 3.80          |
| NYP- Weill Cornell     | 189            | 1         | 0.53        | 2.97        | 0.36 **     | (0.00, 1.99)        | 265                                      | 1.65          |
| <b>Vatsia S</b>        | <b>217</b>     | <b>3</b>  | <b>1.38</b> | <b>2.76</b> | <b>1.01</b> | <b>(0.20, 2.94)</b> | <b>346</b>                               | <b>2.24</b>   |
| LJ Medical Center      | .              | .         | .           | .           | .           | ( . , . )           | 1  | 0.00          |
| North Shore Univ Hosp  | 217            | 3         | 1.38        | 2.76        | 1.01        | (0.20, 2.94)        | 345                                      | 2.24          |
| <b>Zias E</b>          | <b>410</b>     | <b>5</b>  | <b>1.22</b> | <b>2.18</b> | <b>1.12</b> | <b>(0.36, 2.62)</b> | <b>575</b>                               | <b>2.34</b>   |
| Mount Sinai Hospital   | 263            | 4         | 1.52        | 2.13        | 1.43        | (0.39, 3.67)        | 390                                      | 2.83          |
| Westchester Med Ctr    | 147            | 1         | 0.68        | 2.27        | 0.60        | (0.01, 3.35)        | 185                                      | 1.20          |

\*RAMR significantly higher than the statewide rate based on 95 percent confidence interval.

\*\*RAMR significantly lower than the statewide rate based on 95 percent confidence interval.

# Heart surgery in the United Kingdom

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## Heart surgery in the United Kingdom

More than 30,000 people have heart surgery in the United Kingdom each year. Understanding the benefits and the risks associated with different types of heart surgery is important for all patients.

This website provides important information about the rates of survival for patients who have had certain types of heart surgery at different surgical units across the UK. It also provides general information about different operations, the benefits of having heart surgery, and details about what to expect after you have had an operation.

The website was developed by the Care Quality Commission, the independent watchdog of health and social care in England, the Society for Cardiothoracic Surgery in Great Britain and Ireland and patients who have had experience of heart surgery to help people who need heart surgery to make informed choices about their care and treatment. The Care Quality Commission is committed to driving improvement in the quality of both the NHS and independent healthcare services and to making sure that patients are at the centre of everything we do.

### How to use this information

Patients who need heart surgery may find it useful to discuss the rates of survival for particular surgeons or hospitals with their GP, surgeon or cardiologist before making a decision about their care and treatment.

For more information about how to interpret the information on this site go to [information for patients](#).

### What it can't tell you

Your own chances of surviving a heart operation. This is dependent on your individual circumstances such as your age, general health and lifestyle.

We may extend the scope of this website in the future to cover other areas of heart disease and, possibly, other types of disease. We welcome your [feedback](#) about how useful you have found the information on this website.

[Continue to survival rates](#)

# Heart surgery in the United Kingdom

Homepage

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## Rates of survival after heart surgery in the UK

This page provides information about rates of survival after two different types of heart operation carried out in the UK between April 2006 and March 2007. Information about rates of survival for individual hospitals can be found by selecting the hospital on the map at the side of each operation. You can also find further information about each operation, including what happens during the operation and what to expect afterwards, by clicking on the operation name.

### ① [Heart bypass operations](#) (also called coronary artery bypass graft or CABG)

#### What the operation does

It bypasses blockages or narrowings in the coronary arteries (the arteries that feed the heart muscle)

#### Used to treat

Patients who have angina from blocked or narrowed coronary arteries, or patients who don't have angina, but have other blockages which may be dangerous

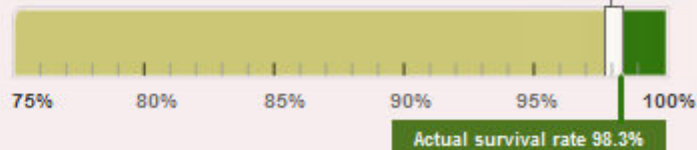
### Rates of survival after heart bypass operations in the UK

Operations for the year ending March 2007: 19957 operations performed

 Survival rate as expected by UK standards

[Compare with EU standards](#)

Percentage range of patients expected to survive taking into account patients' risk factors



Statistics calculated from patients being treated for the first time.

Factors such as ill health, increased age and lifestyle can affect a patient's chance of surviving a major operation. When we calculate the expected rates of survival we take these risk factors into account. [Find out more about how expected rates of survival are calculated.](#)

### Around the Country

Click on a hospital below to see their rates of survival for heart bypass (CABG) operations



## Heart surgery in the United Kingdom

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### About heart bypass (coronary artery bypass graft) operations

Written by: Samer Nashif - Papworth Hospital  
Updated: May 2007

#### Purpose of the operation

The main purpose is to relieve angina, especially if other less invasive methods are not suitable. Angina is a feeling of discomfort or pressure, usually felt in the middle of the chest, but sometimes in the arms, back, neck or jaw. It is an unpleasant feeling that occurs during exercise and goes away with rest. Because angina occurs on exertion, it can worsen your quality of life, limiting what you can do and enjoy.

The other purpose of the operation is to cut down the risk of heart attacks in the future. In some patients, the narrowing and blockages of arteries in the heart make heart attacks more likely. Some patients may consider having the operation to reduce the risk of heart attack, even if they do not have troublesome angina.

#### Effect on patients

This is a big operation. It is not terribly painful, but there is pain afterwards. Usually the chest, back, neck, shoulders and legs can hurt, but this is easily treated with standard painkillers.

The operation also makes patients feel tired and lacking in energy for the first few weeks.

Usually, angina disappears completely immediately after the operation and stays away for years. In many patients the risk of heart attack is also much less once they have recovered from the operation.

#### What happens during the operation

The operation is done under general anaesthetic. The anaesthetist puts in many tubes and drips to monitor the patient and to give medicines. The chest is cut over the breastbone. The surgeon then takes a vein (usually from the leg) or artery (usually from inside the chest) and uses it to create a bypass around the blockage in the coronary artery. More than one bypass may be done, depending on how many blockages there are. Often a heart-lung machine is used to keep the blood circulating while the heart is stopped for surgery. Sometimes it is possible to do the operation without a machine (on the beating heart). When the bypasses are done, the heart is restarted, the machine stopped and the wounds are closed.

#### What to expect afterwards

You stay overnight in the intensive care unit and about four to eight days recovering on the ward. Most tubes are removed in the first two days. You can have food and drink on the day after the operation, but your appetite may be poor in the first few days. You may sit in a chair on the first day, walk to the toilet on the second and walk about the ward from the third or fourth day. Once you can climb a flight of stairs, it is nearly time to go home.

#### Rehabilitation

You are encouraged to be active and to go for walks after leaving hospital. The general rule is that most things are allowed if you feel up to them, apart from activities which may delay the healing of the breastbone (heavy lifting or other activities which stress the upper arms are banned for three months after the operation). By six weeks, most patients feel almost normal and are active enough to appreciate that their angina is no longer there.

#### Around the Country

Click on a hospital below to see their rates of survival for heart bypass operations



#### Other sources of information about heart bypass operations

- (i) [NHS Direct](#)  
Official website for the NHS 24 hour telephone helpline
- (i) [Best Treatments](#)  
Clinical evidence for patients from the British Medical Journal
- (i) [The British Heart Foundation](#)  
Charity that funds research, education and life saving equipment and helps heart patients
- (i) [The Society of Thoracic Surgeons](#)  
The Society of Thoracic Surgeon represents more than 4,800 surgeons and is dedicated to saving and extending the lives of the patients it serves



## Rehabilitation

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## Rates of survival after heart bypass operations

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- [Aberdeen Royal Infirmary](#)
  - [Royal Victoria Hospital Belfast](#)
  - [Blackpool Victoria Hospital](#)
  - [Bristol Royal Infirmary](#)
  - [Coventry Walsgrave Hospital](#)
  - [Essex Cardio -thoracic](#)
  - [Glasgow Royal Infirmary](#)
  - [Golden Jubilee](#)
  - [Hull Castle Hill Hospital](#)
  - [Leicester Glenfield Hospital](#)
  - [London Bart's and the London](#)
  - [London Hammersmith Hospital](#)
  - [London Harley Street](#)
  - [London The Heart Hospital](#)
  - [London London Bridge Hospital](#)
  - [London St Anthony's](#)
  - [London St George's Hospital](#)
  - [Manchester Royal Infirmary](#)
  - [Middlesbrough James Cook University Hospital](#)
  - [Nottingham University Hospital](#)
  - [Papworth Papworth Hospital](#)
  - [Sheffield Northern General Hospital](#)
  - [Stoke on Trent N Staffordshire Royal Infirmary](#)
  - [Wolverhampton New Cross Hospital](#)
- 
- [Birmingham Queen Elizabeth Hospital](#)
  - [Brighton Royal Sussex County Hospital](#)
  - [Cardiff University Hospital of Wales](#)
  - [Edinburgh Royal Infirmary](#)
  - [Glasgow Western Infirmary](#)
  - [Leeds General Infirmary](#)
  - [Liverpool Cardiothoracic Centre](#)
  - [London Guy's & St Thomas' Hospitals](#)
  - [London King's College Hospital](#)
  - [London Royal Brompton & Harefield Hospitals](#)
  - [London St Mary's Hospital](#)
  - [London Wellington Hospital](#)
  - [Manchester Wythenshawe Hospital](#)
  - [Newcastle Freeman Hospital](#)
  - [Oxford John Radcliffe Hospital](#)
  - [Plymouth Derriford Hospital](#)
  - [Southampton Southampton General Hospital](#)

## Heart bypass (CABG) operations

Division of Specialised Services, Bristol Royal Infirmary

### About the unit

Cardiac surgery at the BRI is provided by the division of Specialised Services/Bristol Heart Institute. We are a modern centre of surgical excellence with one of the largest academic units in Europe. We serve a population of 2.3 million people from Bristol and surrounding areas including Gloucester, Cheltenham, Bath, Swindon, Taunton, Yeovil and Weston.

**Services provided**  
Adult Cardiac Surgery  
Thoracic Surgery  
Congenital Cardiac Surgery

**Rehabilitation and follow up**  
Follow-up at the consultant's outpatient clinic usually takes place 6 weeks after discharge. We have a cardiac rehabilitation team serving the local catchment area who also arrange continuity of care for those transferred to us. A second rehabilitation centre for South Bristol was recently established with BHF/lottery funding

Total adult cases for the year ending March 2007: 1430

No. surgeons who undertake adult heart surgery: 8

No. consultant anaesthetists with any adult heart surgical practice: 14

**Access**  
There is a pay & display car park within the precinct but this gets very busy. There is short-term parking and a drop-off zone outside the main entrance. All entrances are wheelchair accessible. Bristol bus and coach station is 5mins walk.

**Visiting hours**  
We have a fairly open visiting policy with a rest period 12.30 - 2.30pm (though we treat every case on an individual basis). We like visiting to finish by 8pm



**Location:**  
Division of Specialised Services,  
3rd Floor Dolphin House, King  
Edward Building,  
Bristol Royal Infirmary,  
BRISTOL,  
BS2 8HW

Tel: 0117 342 0471

- ① [Unit website](#)
- ① [Trust website](#)
- ① [Trust's NHS Gateway](#)
- ① [Adult Cardiac Surgery Audit Report 2004-05](#)
- ① [Patient Advice & Liaison Service \(PALS\)](#)

## Rates of survival after heart bypass (CABG) operations

### How you can use this information

Patients who are going to have certain heart surgery may find it useful to look up rates of survival for surgeons or hospitals they are considering and discuss this information with their GP or their surgeon.

### What it can't tell you

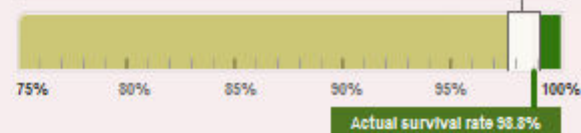
Your own chances of surviving a heart operation.

Operations for 3 years ending March 2007: 2745 operations performed

■ Survival rate as expected by UK standards

[Compare with EU standards](#)

Percentage range of patients expected to survive taking into account patients' risk factors



More information about how the expected rates of survival are calculated is included in [about this site](#).

**Data Quality**

This data completeness figure for this unit is 99.96%. [View this in comparison with other units](#).

**How is the survival rate measured?**

This records the number of patients who survive the operation for at least 30 days after surgery and are successfully discharged from hospital afterwards.

**Surgeons performing heart bypass (CABG) operations in this unit**

(where data are available click on their name to see their survival rates)

| Name                                   | Total number of operations for the 3 years ending March 2007 | Practice Profile<br>(the proportion of operations performed by each surgeon) |                            |  |              |                  |
|--|--|--|----------------------------|--|--------------|------------------|
|  |  | Heart Bypass   |                            | Valve Repair or Replacement            |              | Other Operations |
|  |  | Key  |                            |  |              |                  |
|  |  | Alone  | with aortic valve replaced | with mitral valve repaired or replaced | aortic valve | mitral valve     |
| <a href="#">Mr Jonathan Hutter</a>     | 698  |  |                            |  |              |                  |
| <a href="#">Mr A J Bryan</a>           | 631  |  |                            |  |              |                  |
| <a href="#">Murphy GJ *</a>            | 88   |  |                            |  |              |                  |
| <a href="#">Mr F Ciulli</a>            | 619  |  |                            |  |              |                  |
| <a href="#">Mr R Ascione</a>           | 521  |  |                            |  |              |                  |
| <a href="#">Mr M Caputo</a>            | 371  |  |                            |  |              |                  |
| <a href="#">Professor G D Angelini</a> | 433  |  |                            |  |              |                  |
| <a href="#">Mr M Yeatman *</a>         | 416  |  |                            |  |              |                  |

\* This surgeon did not operate at this unit for the complete three years and the operations shown here do not include those performed at other surgical units

**See rates of survival in other heart operations at the Division of Specialised Services, Bristol Royal Infirmary**

[Aortic valve replacement operations](#)

## Mr Jonathan Hutter

### Division of Specialised Services, Bristol Royal Infirmary

#### About Mr Jonathan Hutter

**Specialties**  
Adult Cardiac Surgery

**Qualified**  
University College London St Georges  
Hospital Medical School 1976

**Trained**  
St Thomas and Guys Hospital London  
1982-85  
Bristol Royal infirmary 1985-86  
Papworth Hospital Cambridge 1986-7  
Bristol Royal infirmary 1987-90

**Previous consulting posts**  
Data not provided

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**Email:**  
[Email Address](#)



#### Practice profile for the 3 years ending March 2005

Total number of  
operations  
performed

698

Practice Profile  
(the proportion of operations performed by each surgeon)

| Key   |                            | Heart Bypass                           |              | Valve Repair or Replacement |  | Other |
|-------|----------------------------|--|--------------|-----------------------------|--|-------|
| Alone | with aortic valve replaced | with mitral valve repaired or replaced | aortic valve | mitral valve                |  |       |
|       |                            |  |              |                             |  |       |



#### Rates of survival after selected types of heart operation

##### How you can use this information

Patients who are going to have certain heart surgery may find it useful to look up rates of survival for surgeons or units they are considering and discuss this information with their GP or their surgeon.

##### What it can't tell you

## Rates of survival after selected types of heart operation

### How you can use this information

Patients who are going to have certain heart surgery may find it useful to look up rates of survival for surgeons or units they are considering and discuss this information with their GP or their surgeon.

### What it can't tell you

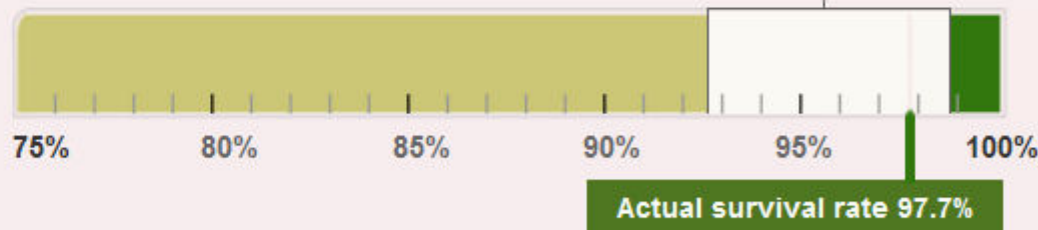
Your own chances of surviving a heart operation.

### Coronary artery bypass graft operations

Operations for 3 years ending March 2007: 478 operations performed

#### Survival rate as expected by European standards

Percentage range of patients expected to survive taking into account patients' risk factors



Statistics calculated from patients being treated for the first time.

Factors such as ill health, increased age and lifestyle can affect a patient's chance of surviving a major operation. When we calculate the expected rates of survival we take these risk factors into account. [Find out more about how expected rates of survival are calculated](#).

# Ethical arguments for surgeon report cards:

## 1. The quality of care argument

Surgeon report cards improve the overall quality of patient care. This is the argument studied most in the health care literature.

A number of **US studies** have demonstrated that cardiac surgery mortality rates decreased significantly after the introduction of surgeon report cards, and these rates have been consistently lower than those in states without surgeon report cards. eg:

- ◆ Peterson et al (1998) conducted a comprehensive study of outcomes of CABG surgery performed between 1987-1992 on 39,396 patients aged 65 and older in New York State, where cardiac surgeon report cards were introduced in 1991. They found that outcomes of this surgery improved significantly over this period, and that “mortality following bypass surgery has declined significantly faster in NY as compared with the rest of the nation” ( p. 999).
- ◆ A subsequent study of the outcomes of coronary artery bypass surgery carried out between 1994-1998 on 132,828 Medicare beneficiaries in states with surgeon report cards found that report cards are associated with lower risk-adjusted mortality rates for such surgery (Hannan et al 2003).
- ◆ A recent systematic review (Fung et al 2008) of many US studies on the impact of report cards on the quality of patient care “found additional support for the conclusion that public reporting stimulates hospital quality improvement activity (p. 121).

Similar results have recently emerged from **UK studies**. eg:

- ◆ The 2009 report by the Society for Cardiothoracic Surgery in Great Britain and Ireland found “compelling evidence” that the quality of care for patients has improved since the introduction of surgeon report cards, and that CABG mortality rates have fallen by 21% during this period (Keogh et al. 2009).
- ◆ This reinforced the findings of an earlier study of high-risk patients undergoing cardiac surgery in North-West England (Bridgewater et al 2007).

# Ethical arguments for surgeon report cards:

## 1. The quality of care argument

There is clearly an association between surgeon report cards and improvements in the quality of surgical care, though there are a variety of mechanisms for which there exists some empirical support. There is evidence to support the following mechanisms:

- ◆ Underperforming surgeons become more strongly motivated to improve their skills
- ◆ Hospitals restrict the operating privileges of surgeons with consistently poor performance
- ◆ Hospitals use surgeon report cards as tools to help identify problems with their surgical procedures
- ◆ Patients are less likely to choose surgeons with poorer outcomes
- ◆ Surgeons become more risk-averse and so turn away some high-risk patients they would previously have operated on
- ◆ Conversely, surgeons become more risk-taking, operating on some high-risk patients they would previously have been reluctant to take on

# The defensive surgery objection

While there is anecdotal evidence that some surgeons have become more risk-averse after the introduction of report cards, there is little systematic evidence to support claims of the existence of such reactions on a widespread basis. Indeed, a number of large-scale empirical studies suggest that, if anything, the *reverse* seems to be the case. eg:

- ◆ Peterson et. al's (1998) comprehensive study of outmigration from New York for 1987-92 found that there was no increase in outmigration for coronary artery surgery from New York State to neighbouring states without report cards during this period (Peterson et al. 1998).
- ◆ Bridgewater et al. (2007) found a significant *increase* in the number and proportion of high-risk patients undergoing cardiac surgery in Northwest England between 1997 and 2005, and concluded that "the introduction of public accountability has not led to a decrease in the number of high-risk patients coming for coronary artery surgery"(p. 747).
- ◆ A subsequent UK study also found that there has been an *increase* in the proportion of elderly patients undergoing cardiac surgery between 1994-2008. (Keogh et al 2009).

One possibility, therefore, is that the surgeons who may have become more risk-averse since the introduction of report cards are those surgeons who are less proficient at performing such surgery in the first place. In that case, it could well be to the *advantage* of high-risk patients if such surgeons were avoiding them, where this increases the likelihood that such patients will be operated on by a surgeon who is more proficient at the procedure in question (see Oakley 2007a).



# Ethical arguments for surgeon report cards:

## 2. Professional accountability

By publishing such information, the surgical profession helps fulfil a duty it has to be accountable to the community. The surgical profession is typically granted a monopoly on provision of surgical procedures in particular countries, and it is plausible to think that in exchange for this monopoly control, the surgical profession has a reciprocal obligation to demonstrate to the community that its services are of an acceptable standard.

# Ethical arguments for surgeon report cards:

## 3. Informed consent and patient autonomy

Surgeon report cards enable patients to make more informed decisions about surgery. Patients are entitled to be told about risks of surgery which are material to them, and one's risks of surgery in a given case depend in part upon which surgeon is performing the operation. So, the provision of surgeon performance information to patients who see this as material to their decision about surgery seems already required by widely-accepted conceptions of the ethical doctrine of informed consent (see Clarke & Oakley 2004).

- ◆ This informed consent argument for surgeon report cards does not rely on report cards improving the quality of patient care.
- ◆ Some argue that insurance companies make more use of this data than patients do (see the US experience). Further research will help determine the extent to which patients make use of this data (Burger, Schill & Goodman 2007; Henderson & Henderson 2007). But in any case, the ethical arguments for report cards are not about 'perfecting the market'.
- ◆ Patients are entitled to surgeon performance data even where they do not have choice of surgeon. Compare lacking choice of medication. Autonomy as *choice* vs. autonomy as *authorisation* (Oakley 2007b).

# Issues for Australia

- Increased health care transparency is an unstoppable international force, and Australia is now catching up.
- Should we be publishing for patient safety, professional accountability, or patient choice/understanding?
- Any policy initiative for public reporting of individual surgeon data must be supported by a political commitment to adequate funding.
- The need for proactive policy rather than reactive policy.
- Surgical associations must be actively involved in developing data standards and processes for data collection, validation, analysis and publication. It is particularly important not to create incentives for better-performed surgeons to act in more risk-averse ways, and so surgeons need to have confidence in the risk-adjustment process used in processing the data on raw mortality rates.
  - ◆ Sir Bruce Keogh helped to pioneer the development of the surgeon report cards in the UK, and while President of the Society for Cardiothoracic Surgery in Great Britain and Ireland, he spent a substantial amount of time demonstrating the rigorousness of the proposed risk-adjustment process to his colleagues, some of whom had considerable misgivings about this.

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