TRANSPARENT COMPARISONS: IMPROVED CARE ?

AHIA November 2011

Tim Baker CEO Dr Foster

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Does transparency work?

“There are people walking around today only because of the performance data published by Dr Foster and the resulting drive by organisations to improve.”

Matthew Swindells, former Chief Information Officer for Health, Department of Health

Key events

- Heart operations at the BRI

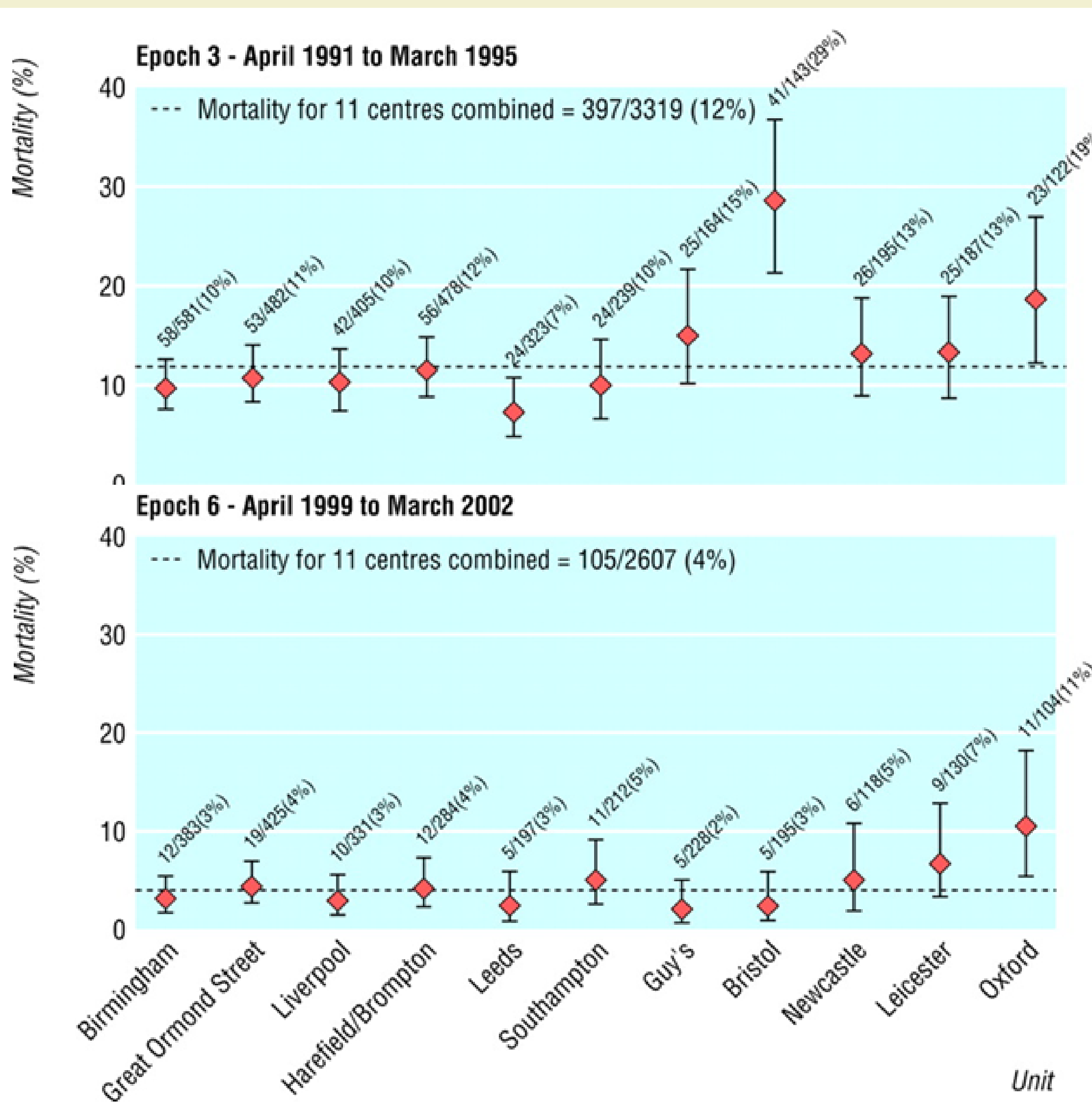
  "Inadequate care for one third of children"

- Harold Shipman

  Murdered more than 200 patients

PAEDIATRIC CARDIAC SURGICAL MORTALITY IN ENGLAND AFTER BRISTOL:

AYLIN P, BOTTLE R, JARMAN B, ELLIOTT P. BMJ 2004; 329 : 825 DOI: 10.1136/BMJ.329.7470.825 (PUBLISHED 7 OCTOBER 2004)



Bristol Inquiry Report

- “First, trust can only be sustained by openness.”
- “Secondly, openness means that information be given freely, honestly and regularly.”
- “Thirdly, it is of fundamental importance to be honest about the twin concerns of risk and uncertainty.”
- “Informing patients must be regarded as a process and not a one-off event.”
- “The public and patients should have access to relevant information”

Florence Nightingale (1820-1910)

Florence Nightingale

Uniform hospital statistics would:

- "Enable us to ascertain the relative mortality of different hospitals as well as of different diseases and injuries at the same and at different ages, the relative frequency of different diseases and injuries among the classes which enter hospitals in different countries, and in different districts of the same country"

Nightingale 1863

GOOD HOSPITAL GUIDE

THE SUNDAY TIMES

FOR BRITAIN AND IRELAND • PART 2

JANUARY 21, 2001 www.sunday-times.co.uk/hospitalguide

'The most authoritative and accurate measure of hospital standards'

Sir Donald Irvine, President, General Medical Council

In association with

THE 15 ENGLISH TRUSTS WITH THE LOWEST MORTALITY RATES

	Region	NHS Trust	Mortality Index (3yr)	Probability of being in top 10%	Page
1	London	Barts and The London	60.7	100%	(19)
2	London	University College London Hospitals	71.0	100%	(25)
3	Eastern	Bedford Hospital	73.5	100%	(12)

THE 15 ENGLISH TRUSTS WITH THE HIGHEST MORTALITY RATES

	Region	NHS Trust	Mortality Index (3yr)	Probability of being in top 10%	Page
1	West Midlands	Walsall Hospitals	126.0	100%	(70)
2	Northwest	Bolton Hospitals	121.0	100%	(35)
3	Southeast	Heatherwood and Wexham Park Hospitals	120.4	100%	(44)
4	Southeast	The Medway	120.2	100%	(46)
5	Southwest	The Royal Bournemouth and Christchurch Hospitals	119.1	100%	(56)
6	West Midlands	Sandwell Healthcare (Sandwell & West Birmingham)	118.2	100%	(69)
7=	Northwest	Tameside & Glossop Acute Sevices	116.2	79%	(40)
7=	West Midlands	George Eliot Hospital	116.2	91%	(66)
9	London	Barnet and Chase Farm Hospitals	116.1	98%	(18)
10	Eastern	The Princess Alexandra Hospital, Harlow	115.7	86%	(15)
11	London	Newham Healthcare	115.1	76%	(23)
12	Eastern	Essex Rivers Healthcare	115.0	93%	(12)
13	London	Queen Elizabeth Hospital	114.9	81%	(24)
14	London	Barking, Havering and Redbridge Hospitals	114.3	90%	(18)
15	Northwest	Blackpool Victoria Hospital (Blackpool, Fylde & Wyre)	114.1	87%	(35)

5	London	Barnet and Chase Farm Hospitals	125.6	12.1	(18)
6	Northern and Yorkshire	North Durham Health Care (Co Durham & Darlington Acute)	100.3	11.6	(29)
7	Southeast	Dartford and Gravesham	119.0	11.5	(43)
8	Southeast	Royal Berkshire and Battle Hospitals	110.2	10.7	(48)
9	Northern and Yorkshire	Northallerton Health Services (South Tees Hospitals)	88.5	9.1	(33)
10	Southeast	Portsmouth Hospitals	95.3	8.7	(48)

Source: Dr Foster

Downloaded from bmj.com on 11 October 2007

Cite this article as: BMJ, doi:10.1136/bmj.39168.496366.55 (published 23 April 2007)

BMJ

RESEARCH

Use of administrative data or clinical databases as predictors of risk of death in hospital: comparison of models

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doi: 10.1136/bmj.39168.496366.55

ABSTRACT

Objective To compare risk prediction models for death in hospital based on an administrative database with published results based on data derived from three national clinical databases: the national cardiac surgical database, the national vascular database and the colorectal cancer study.

Design Analysis of inpatient hospital episode statistics. Predictive model developed using multiple logistic regression.

Setting NHS hospital trusts in England.

Patients All patients admitted to an NHS hospital within England for isolated coronary artery bypass graft (CABG), repair of abdominal aortic aneurysm, and colorectal excision for cancer from 1996-7 to 2003-4.

Main outcome measures Deaths in hospital. Performance of models assessed with receiver operating characteristic (ROC) curve scores measuring discrimination (<0.7=poor, 0.7-0.8=reasonable, >0.8=good) and both Hosmer-Lemeshow statistics and standardised residuals measuring goodness of fit.

Results During the study period 152 523 cases of isolated CABG with 3247 deaths in hospital (2.1%), 12 781 repairs of ruptured abdominal aortic aneurysm (5987 deaths, 46.8%), 31 705 repairs of unruptured abdominal aortic aneurysm (3246 deaths, 10.2%), and 144 370 colorectal resections for cancer (10 424 deaths, 7.2%) were recorded. The power of the complex predictive model was comparable with that of models based on clinical datasets with ROC curve scores of 0.77 (v 0.78 from

INTRODUCTION

Routine administrative databases are increasingly being used for performance monitoring in healthcare in the United Kingdom (such as www.healthcarecommission.org.uk and www.drfoster.co.uk), United States (such as www.ihi.org/IHI/Programs/Campaign/), and elsewhere.[1] In comparisons of performance between clinicians or organisations it is essential to adjust for several parameters including comorbidity and severity of disease (case mix). Routine data, however, might contain insufficient information for adequate adjustment. Clinical databases, run by various bodies including professional societies, could potentially record more detailed clinical information and might permit better adjustment for case mix. A survey of 105 multicentre clinical databases (which included hospital episode statistics, the administrative database available within England) found that their distribution was uneven and that their scope and the quality of the data was variable.[2] The report from the public inquiry into deaths at a paediatric cardiac unit at Bristol criticised this "dual" system as "wasteful and anachronistic."[3] It also suggested that hospital episode statistics should be supported as a major national resource and used to undertake monitoring of a range of healthcare outcomes.

We examined mortality for three index procedures (coronary artery bypass graft, abdominal aortic aneurysm repair, and colectomy for bowel cancer) used in three large clinical datasets (the national adult cardiac surgical database, the national vascular database, and a

Current Casemix Adjustment Model For Each Procedure Or Diagnosis Groups

Adjusts for

- Age
- Sex
- Method of admission
- Socio-economic deprivation
- Diagnosis subgroup (3 digit ICD10) or procedure subgroup
- Co-morbidity – Charlson index
- Adjust for interaction between age & co morbidity score
- Source of admission- 7 categories
- Number of emergency admissions in last 12 months
- Palliative care
- Year
- Month of admission (for some respiratory diseases)

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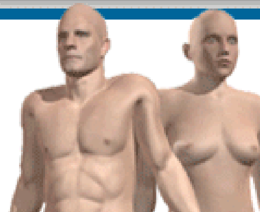
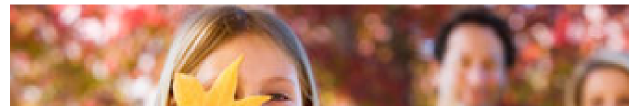
Health A-Z



All you need to know about over 800 conditions and treatments

› Search the Health A-Z

Live Well



Featured today

Boost your health at work

In 2008/09, nearly 30 million working days were lost in the UK due to workplace injury and ill-health. Read on for tips on dealing with stress, RSI, back pain, exercise, good posture and healthy eating

› Workplace health

Behind the Headlines

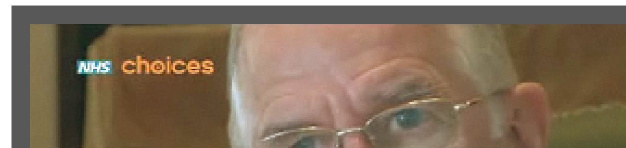
Your guide to the science in the news

- Pills, pregnancy and sons' fertility
- Benefits of statins explored
- Blood cells 'grown from skin'
- Nutrition in organic veg tested

› More Behind the Headlines articles

RSS

Living with dementia



Highlights

Find and choose services

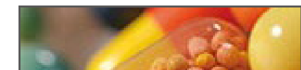
Customise this page

Healthy eating when pregnant

You'll find everything you need

New NHS Choices homepage

NHS Choices' homepage is changing. Learn about the flexible new-look page that can deliver content tailored for you



Planning treatment for: Aortic valve replacement

You can compare hospitals on a range of important areas. Click the name of the hospital to read full information about its services. The indicators and scores for hospitals and the organisations (e.g. Trusts) that run them are for adult procedures only and do not cover paediatric treatments. Your doctor will decide the best place for you to receive your treatment but you can discuss your preferences with them.

More choice

You can choose from a wider selection of hospitals.

Compare more

Information about the organisations (e.g. Trusts) running the hospitals that provide this treatment

Summary | Questions to consider | Patient respect | People's opinions | Hospital locations | Contact and travel

Click on the questions below to link to a full explanation of what they mean	St George's Healthcare NHS Trust	The Wellington Hospital	University College London Hospitals NHS Foundation Trust	Barts and The London NHS Trust	London Bridge Hospital
How long will I wait from referral to treatment? (note that NHS and independent hospitals report their waiting times in different ways, which may mean they are not comparable – click here to see details)	Data not available	Data not available	Data not available	95% of patients were treated within 18 weeks	Data not available
	Data not available	Data not available	Data not available	50% of patients were treated within 4 weeks	Data not available
					Data Source: Department of Health
How long am I likely to spend in hospital?	Patients stay in hospital for an average length of 7 days	Data not available	Patients stay in hospital for an average length of 8 days	Patients stay in hospital for an average length of 8 days	Data not available
					Data Source: Commissioning Data Sets
What is the risk that I will be readmitted to hospital?	★★☆ 22.1 per cent of patients are readmitted to hospital within a month of being discharged	Data not available	★★☆ 10.6 per cent of patients are readmitted to hospital within a month of being discharged	★★☆ 10.91 per cent of patients are readmitted to hospital within a month of being discharged	Data not available
					Data Source: Commissioning Data Sets
Does the surgical department have a lot of experience in this operation?	This service performs this operation 87 times per year	Data not available	This service performs this operation 99 times per year	This service performs this operation 129 times per year	Data not available
					Data Source: Commissioning Data Sets
How well does this organisation control MRSA blood infections for elective patients	The organisation running these hospitals had 2.24 infections for	Data not available	The organisation running these hospitals had 1.57 infections for	The organisation running these hospitals had 1.57 infections for	Data not available

Dr Foster UK Medical, Health, and Hospital Guides and Information - Microsoft Internet Explorer provided by Dr Foster Intellige

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Dr Foster health & medical guides

Take control of your health

Dr Foster is the UK's leading provider of comparative information on health and social care services.

Dr Foster's online tools and consumer guides enable both health and social care users and providers to make better informed decisions.

Dr Foster produces unique consumer guides to health services, the first of which was published in 2001 - the first time that comparative adjusted death rates for all NHS hospital trusts had ever been published.

Our annual report summarizes our key findings, it is known as the Hospital Guide and can be downloaded below. To accompany this we have created a report card for every NHS Hospital using a number of key measures. It's this data that we use to award our Hospitals of the Year. You can find out how your local hospital performs by clicking on the link to the Hospital report cards

Finally, we have selected a variety of common procedures where patients can choose where they would like to be treated, and presented some information on every unit. To access this, use the Find a hospital link.

The data on this site updates monthly, for reminders and other helpful information

FOLLOW US ON twitter

The 2010 Dr Foster Hospital Guide

Patients need information to ensure they get the care

Medical dictionary

Dr Foster's medical dictionary

Dr Foster's medical dictionary contains definitions of conditions, treatments, diagnostic tests and other medical information.You can also scroll through the full A-Z medical dictionary index.

Read more

Find a hospital

Hospital report cards

Consultant guide

Medical dictionary

Internet | Protected Mode: On | 100%

Performance Summary - Alerts

Real Time Monitoring 8.0

History and Favourites

Reports

- Performance Summary
- HSMR Comparison
- Alert Summary
- Patient Safety
- Service Line Indicators
- Consultant Activity
- Service Distribution

CUSUM

Relative Risk

Patient Records

Performance Summary (Jun-10 to May-11)

Criteria selection

Time Period: 12 Months (Jun-10 to May-11)

Level: Trust

Display: All Alerts

Generate report

Peers - My current group - HSMR Basket of 56 Diagnosis Groups	Mortality	Length of Stay	Day Case Rate	Readmissions
Leeds Teaching Hospitals NHS Trust				
Trust Totals - Leeds Teaching Hospitals NHS Trust	**Mortality**	**Length of Stay**	**Day Case Rate**	**Readmissions**
Diagnoses				
Procedures				
Diagnoses	**Mortality**	**Length of Stay**	**Day Case Rate**	**Readmissions**
HSMR Basket of 56 Diagnosis Groups				
Abdominal pain				
Acute and unspecified renal failure				
Acute bronchitis				
Acute cerebrovascular disease				
Acute myocardial infarction				
Affective disorders				
Alcohol-related mental disorders				
Anxiety, somatoform, dissociative, and personality disorders				
Asthma				
Biliary tract disease				
Cancer of bladder				
Cancer of brain and nervous system				
Cancer of breast				
Cancer of bronchus, lung				
Cancer of colon				
Cancer of oesophagus				
Cancer of ovary				
Cancer of pancreas				

Trusted sites

100%

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- News
- Frequently asked questions
- Key documents
- Hearings
- Information for witnesses
- Team
- Contact
- Previous independent inquiry

The Mid Staffordshire NHS Foundation Trust Public Inquiry

On 9 June 2010 the Secretary of State for Health, Andrew Lansley MP, announced a full public inquiry into the role of the commissioning, supervisory and regulatory bodies in the monitoring of Mid Staffordshire Foundation NHS Trust.

The Inquiry is established under the Inquiries Act 2005 and is chaired by Robert Francis QC, who will make recommendations to the Secretary of State based on the lessons learnt from Mid Staffordshire. It will build on the work of his **earlier independent inquiry** into the care provided by Mid Staffordshire NHS Foundation Trust between January 2005 and March 2009.

Latest updates

Inquiry hearings - transcript for day two (NEWS) — TUE 9TH NOVEMBER 2010

The transcript for the second day of the Inquiry's hearings is now available.

Inquiry hearings - first day (NEWS) — MON 8TH NOVEMBER 2010

The Inquiry began its main hearings today, with opening statements from the Inquiry Chairman and Counsel to the Inquiry.

Appointment of assessors (NEWS) — FRI 15TH OCTOBER 2010

Robert Francis QC today announced that four assessors had been appointed to the Inquiry. Further detail is set out in the assessor biographies, which are available under 'key documents'.

© The Mid Staffordshire NHS Foundation Trust Public Inquiry 2010

Site by Deeson

How to tackle readmissions?

- From the 2010 hospital guide
- Ben Bridgewater, Consultant Cardiac Surgeon at the University Hospital South Manchester NHS Trust
- Government policy is create incentives to reduce readmissions
- In cardiac surgery readmission rates are between 10% and 16% across different hospitals
- Data enables distinction between avoidable and unavoidable readmissions
- Hospitals need to address this issue

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Why Transparency?

- Public engagement
  - need to engage public in future shape of public services
  - need to engage consumers in managing their health

- Professional engagement
  - reducing variation
  - engaging clinicians to change the way they work

- Academic evidence
  - transparency in health improves outcomes

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Why Not?

- The data's rubbish
- Risk adjustment doesn't work
- Makes doctors more conservative
- Data is too complex – consumers won't understand it

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To really engage consumers?

- Data needs to be presented in ways that engage consumers
- Needs to be current
- Needs to be comprehensive and at doctor level
- Needs to cover all aspects – safety, quality, experience and outcomes
- Need access to their own data on line

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How to tackle readmissions?

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Does transparency work?

“There is lots and lots of potential benchmarking data out there. The approach that Dr Foster have developed to analysing that data simply and clearly has the potential to make a significant impact on our ability to work with clinical teams to deliver improvements in productivity and quality of services.”

Richard Kirby, *Chief Operating Officer, Sandwell and West Birmingham Hospitals NHS Trust*

Does transparency work?

“The development and publication of comprehensive, reliable and clearly understood, statistically based information about the performance of hospitals is clearly vital not only to the NHS to assist in the management and provision of high quality health service, but also to enable the public to judge for themselves the standard of performance achieved, to inform their own healthcare choices and to enable them to monitor the performance of an important public service.”

“It is therefore particularly important that such information should be available from unimpeachably independent and reliable sources, and that it should be accompanied by clear explanations of what any figures mean, and, just as importantly, what they do not mean.”

Robert Francis QC, Independent mid Staff inquiry 2009

Conclusion

- Healthcare systems face enormous cost challenges
- Variation in clinical practice is a key underlying cause
- We need engaged consumers to restructure services into more efficient and higher quality facilities
- Engaged consumers are inevitably more conservative about managing their own health than the professionals
- Digital media will transform the way consumers can engage

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