

Stakeholders' views of surgeon-specific mortality data

Authors: Imogen J John, Huay Choo, Christopher Pettengell, Guy Martin, Colin Bicknell and Celia Riga

Aims

Public release of surgeon-specific mortality data (SSMD) was mandated by the NHS in 2013, with the aim of enhancing transparency, driving quality improvement and facilitating patient choice. Literature evaluating the impact of SSMD publication is conflicting and there is a current paucity of research elucidating its importance to patients.

As such, the aims of this study were to evaluate the views of vascular patients regarding current public outcome reporting and to investigate patients' priorities for future outcome reporting.

Methods

A novel questionnaire was designed and trialled with patients to ensure content and construct validity. This was then distributed to patients with suspected or confirmed arterial disease in vascular outpatient clinics across three sites at Imperial College Healthcare Trust over a 6-week period. Statistical analyses were conducted to evaluate relationships between responses and demographic variables, and to ascertain patients' preference for surgeon- or hospital-level reporting.

Results

Overall, 165 patients participated in the survey (response rate 63%, n=261). Most respondents were unaware of SSMD (80%), with only 10% accessing it preoperatively. Factors influencing patient awareness of SSMD included education level ($p=0.047$) and salary ($p=0.049$). Patients recognised SSMD's usefulness in choice of treatment (60%) or surgeon (53%), however most prioritised the patient–surgeon relationship (90%) and past surgical experiences (71%) in their preoperative decision making. In line with views expressed by healthcare professionals in the literature, respondents favoured the release of hospital mortality data (66%) over surgeon-level reporting (49%) ($p=0.000006$), with 63% expressing that patients were likely to misinterpret current SSMD.

Conclusion

The aims of public outcome reporting in informing patient choice are not being met by current methods. Patients express preference

for data at the hospital level, and prioritise previous experiences and metrics other than mortality in their preoperative decision making. Therefore, policy makers should expand SSMD to include hospital-specific mortality data and consider publishing other accessible and contextualised patient-directed outcomes at the hospital level.

KEYWORDS: Surgeon-specific mortality data, SSMD, surgeon-level, hospital-level and patient choice ■

Conflict of interest statement

None declared.

Authors: Department of Surgery and Cancer, Faculty of Medicine, Imperial College London, London, UK