
Public Reporting of Clinical Data: Question of Reliability



Public reporting of healthcare and patient safety information has allowed patients to play an increasing role in their own healthcare decisions. With all such information widely available, it is important for patients to know where to look for the most accurate and reliable data.

For heart and lung surgery, The Society of Thoracic Surgeons (STS) continues to set the gold standard through its STS National Database and public reporting initiatives. Participants in the Database can volunteer to publicly report outcomes for surgical procedures, including coronary artery bypass grafting (CABG) surgery, aortic valve replacement (AVR), and CABG combined with AVR. A similar initiative has just begun in congenital heart surgery. Data reported by participants can be accessed through STS Public Reporting Online at www.sts.org/publicreporting.

"STS believes the public has a right to know the quality of surgical outcomes and considers public reporting to be an ethical responsibility of our specialty," according to David M. Shahian, MD, Chair of the STS Council on Quality, Research, and Patient Safety and Vice President of the Massachusetts General Hospital Center for Quality and Safety.

STS public reporting uses a measurement system that was developed by surgeons in collaboration with statisticians, Dr. Shahian says, adding that "all our measures are completely transparent and published in peer-reviewed journals."

"While there are other healthcare 'report cards' publicly available to patients," he notes, "many are based solely on billing and administrative data and use methodologies that are not transparent to the public."

In addition, STS public reporting uses detailed clinical registry data and outcomes that have been risk adjusted, "meaning that the results take into account the condition of the patient at the time of surgery and whether or not there were other health problems, such as diabetes," explains Dr. Shahian.

STS uses a star ratings system to indicate performance of Database participants (which are generally hospitals, but may be practice groups). Participants receive a 3-star, 2-star, or 1-star rating. "Three-star programmes perform better than average, an STS rating that is very difficult to achieve. Patients should understand that an STS 2-star programme is also performing well; three quarters of the programmes in the country fall into this category," Dr. Shahian says. "Our star ratings provide a guide, but do not always indicate a hospital's exact performance. A patient should use the star rating as a way to open discussion with his or her surgeon about the recommended procedure and expected outcomes."

The next round of public reporting results will be available on the STS website later this summer.

Source: [Society of Thoracic Surgeons](http://www.sts.org)

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