

OXFORD UHCE REPORT CR15
UROLOGY:
CASE FATALITY AND HOSPITAL RE-ADMISSION RATES

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Summary of objectives

The Department of Health and the Healthcare Commission commissioned NCHOD to work with the Royal College of Surgeons and the British Association of Urological Surgeons to develop for urology a set of outcome indicators that could help clinicians and the Healthcare Commission.

Abstracts

The study is being carried in the following phases:

- Professional bodies contacted to nominate clinicians to work with NCHOD.
- Agreement reached between NCHOD and nominated clinicians about:
 - aggregations of activity and types of analysis to be done
 - specific operations and candidate indicators to be studied further.
- NCHOD develops detailed specifications for each of the candidate indicators to be agreed with the clinicians.
- NCHOD produces national figures for each candidate indicator to provide:
 - data about the number of events and admissions nationally so that the suitability of the indicator as a comparative measure could be assessed.
- NCHOD produces trust-based comparative figures for each of the candidate indicators considered suitable, with respect to numbers of events and admissions, to identify whether the measure is a useful comparative indicator.
- Agreement is reached between NCHOD and nominated clinicians about a set of indicators to recommend to the Department and the Healthcare Commission for implementation.

Following discussions of these results with the collaborating clinicians, it is recommended that:

- CFRs should not be used as outcome indicators to screen elective admission activity. There are insufficient deaths for the results to be clinically relevant.
- The 0-89 day CFR for emergency admissions that did not have an operation could be used as a screening indicator.

It is recommended that the following emergency re-admission (ERA) indicators could be used for comparing trust performance:

- General indicators, ERA rates for:
 - day cases
 - elective admissions with and without an operation separately
 - emergency admissions with and without an operation separately.
- High volume operation, ERA rate for:
 - elective therapeutic endoscopy of outlet of male bladder or prostate.