

**UHCE OXFORD REPORT CR17
GYNAECOLOGY:
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 Obstetricians and Gynaecologists (RCOG) to develop for gynaecology a set of outcome indicators that could help clinicians and the Healthcare Commission.

Abstract

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 to be used for analysis
 - types of analysis to be done
 - specific operations to be studied
 - 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 NHOD and nominated clinicians about a set of indicators to recommend to the Department and the Healthcare Commission for implementation.

Following discussions with the clinical advisers, it is recommended that case fatality rates are not used as an outcome indicator to screen trusts with respect to gynaecology. Once cases with cancer have been removed, there are less than 400 deaths per annum occurring within 30 days of the start of a gynaecological admission, an overall mortality rate of less than 0.06%.

Great care is required in interpreting the results of comparative emergency re-admission (ERA) rate analyses. After discussions with collaborating clinicians, it is recommended that the following indicators could be used for comparing trust performance:

- General indicators, ERA rates for:
 - day cases
 - elective admissions with an operation
 - elective admissions without an operation
 - emergency admissions with an operation
 - emergency admissions without an operation.
- High volume operation, ERA rates for:
 - elective abdominal uterus excision.