

Interact Cardiovasc Thorac Surg. 2006; 5 (2): 123-127

Assessing clinical performance in cardiac surgery. Does a specialised clinical database make a difference?

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Source

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Abstract

We compared mortality rates league tables for six cardiac surgery centres developed using an administrative database (integrated with information on patients' EuroSCORE) with those drawn from a specialised clinical database. Data from 4017 patients undergoing cardiac surgery over the period January 1st-December 31st 2003, and identified both databases were used. Case mix adjusted in-hospital mortality rates were estimated relying on information provided by each database, and league tables were drawn from both. The correlation between the two league tables was assessed through the Spearman correlation coefficient. League tables drawn from the two sources identified the same 'best' and 'worst' centres and the Spearman correlation coefficient confirmed a high level of agreement between the two rankings ($r=0.89$; $P<0.02$). Use of the logistic EuroSCORE instead of the additive one did not change the results. An administrative and a clinical specialised database provided similar league tables. However, this finding by no means implies that clinical databases should be abandoned. While administrative data allow a more efficient performance assessment, clinical databases may more properly satisfy the legitimate demand of surgical staff of being directly involved in quality monitoring, rather than being mere passive objects of external assessment.