

Revisiting Nightingale's vision to assess the outcomes of hospital treatment

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THE LONDON SCHOOL
OF ECONOMICS AND
POLITICAL SCIENCE ■



A black silhouette of Florence Nightingale's head and shoulders, facing left. She has dark hair and is wearing a dark garment with a high collar.

Florence
NIGHTINGALE
MUSEUM

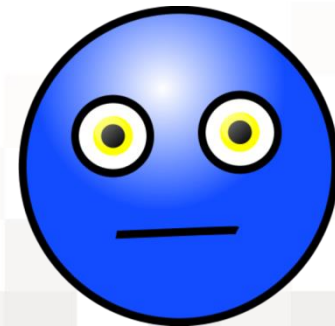
Florence Nightingale and hospital management



Superintendent of Institute for the Care of Sick Gentlewomen, Harley Street 1853-1854

Established standardised data collection of hospital statistics – “Model Forms”

Including health outcomes



Florence Nightingale's Model Forms



NUMERICAL ANALYSIS *of the* PATIENTS *treated in* GUY'S HOSPITAL
for the last Seven Years, from 1854 to 1861. By JOHN CHARLES
STEELE, M.D., *Superintendent of Guy's Hospital.*

[Read before the Statistical Society of London, 18th June, 1861.]

Florence Nightingale's Model Forms



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TABLE XI.—*The following Table gives the Causes of the Accidents, with the Sexes and Mortality.*

Causes of Accidents.	Total Cases.	Cured or Relieved.		Died.	
		Male.	Female.	Male.	Female.
1. Accidents on the river, in barges, and shipboard.....	90	78	3	9	—
2. Assaults	173	102	56	14	1
3. Accidental poisoning	37	15	14	5	3
4. Attempts at suicide	87	36	35	11	5
5. Burns from clothes taking fire	213	34	60	37	82
6. „ heated fluids	177	90	46	26	15
7. „ explosion of gas.....	12	11	1	—	—
8. „ gunpowder	23	16	2	3	2
9. Collisions between opposing forces	108	90	14	4	—
10. „ with street vehicles	416	299	55	54	8
11. Cuts and blows from sharp instruments	175	138	28	8	1
12. Falls down stairs	155	69	78	4	4
13. „ from a height, scaffolding, &c. ...	832	679	83	62	8
14. „ from curb stones and on the ground.....	553	417	116	18	2
15. Fall of heavy weights on patients	427	364	17	45	1
16. Gunshot wounds	16	14	—	2	—
17. Machinery accidents	233	216	2	15	—
18. Railway „	84	51	4	28	1
19. Sudden torsions of the body.....	64	60	4	—	—
20. Foreign bodies lodged in natural passages	22	15	3	1	3
21. Bites of animals, 7 dogs, 2 adders, monkey, horse, rat, elephant, and a woman.....	14	13	1	—	—
22. Causes of accident not ascertained	9	3	5	—	1
Total	3,920	2,810	627	346	137



21. Bites of animals, 7 dogs, 2 adders, }
monkey, horse, rat, elephant, and a }
woman..... }

21. Bites of animals

7 dogs, 2 adders,

Monkey, horse, rat, elephant,

and a

Woman

ICD-10

The International
Statistical
Classification
of Diseases and
Health Related
Problems

Tenth Revision

Volumen 1

PAN AMERICAN HEALTH ORGANIZATION
Pan-American Sanitary Office, Regional Office of
THE WORLD HEALTH ORGANIZATION

16,000 codes


**T01.9 Multiple open wounds,
unspecified**

Multiple:

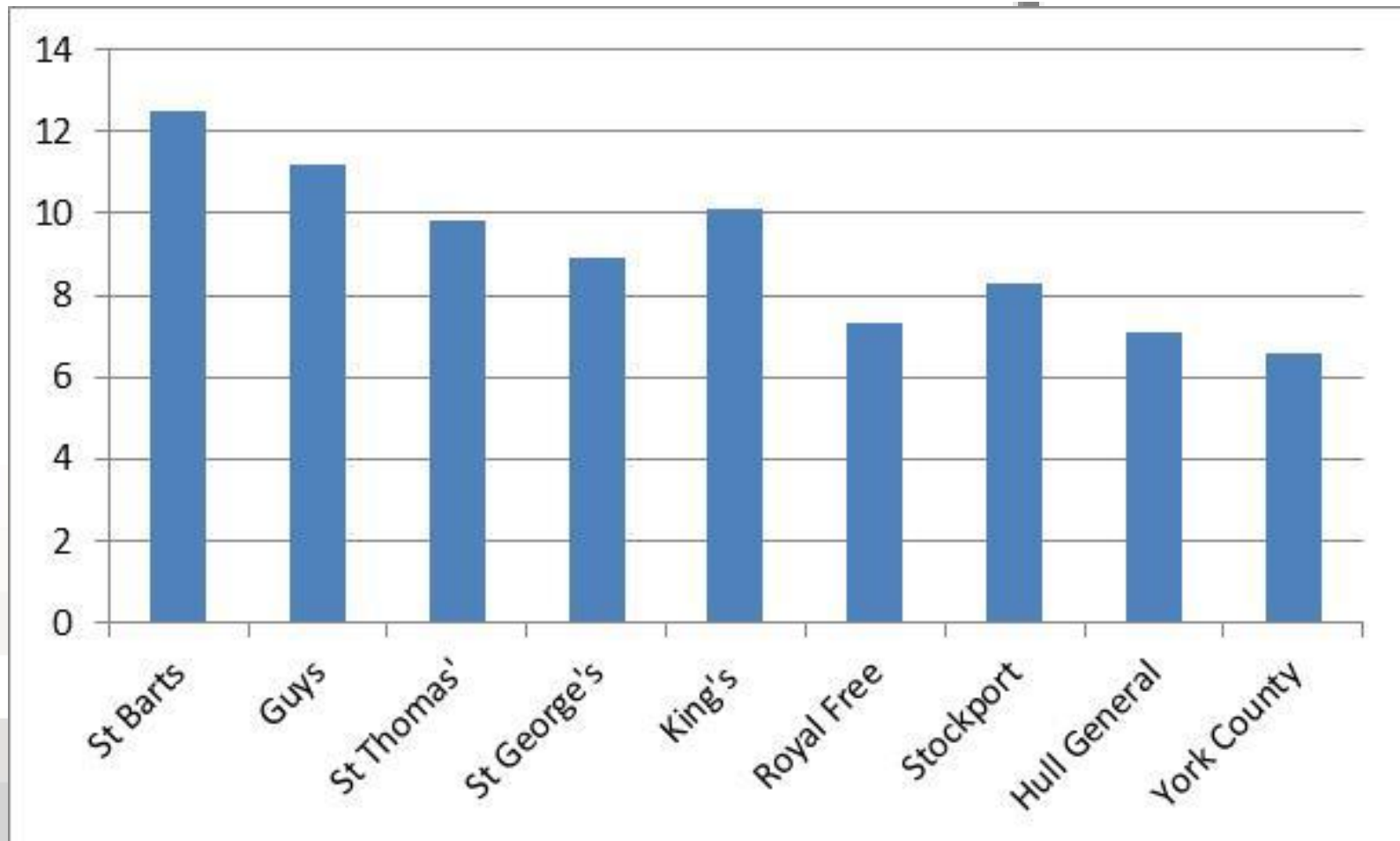
- animal bites
- cuts
- lacerations
- puncture wounds

STATISTICS *of the* GENERAL HOSPITALS *of* LONDON, 1861.

STATISTICS *of* METROPOLITAN *and* PROVINCIAL GENERAL
HOSPITALS *for* 1862.



Rate of Mortality in the General Wards



STATISTICS *of the* GENERAL HOSPITALS *of* LONDON, 1861.

STATISTICS *of* METROPOLITAN *and* PROVINCIAL GENERAL
HOSPITALS *for* 1862.

...

STATISTICS *of* METROPOLITAN *and* PROVINCIAL GENERAL
HOSPITALS *for* 1865.



The Royal College of Surgeons of England



HALL OF THE ROYAL COLLEGE OF SURGEONS.

The Royal College of Surgeons referred the subject to a Committee, which reported adversely upon Miss Nightingale's Forms

The costliness of the work of compilation, the difficulty of securing actual, as well as apparent, uniformity ...

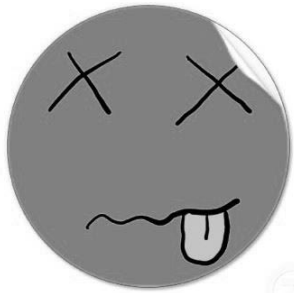
... are among the causes which have defeated Miss Nightingale's scheme (Cook 1913)

Mrs Körner review of NHS data

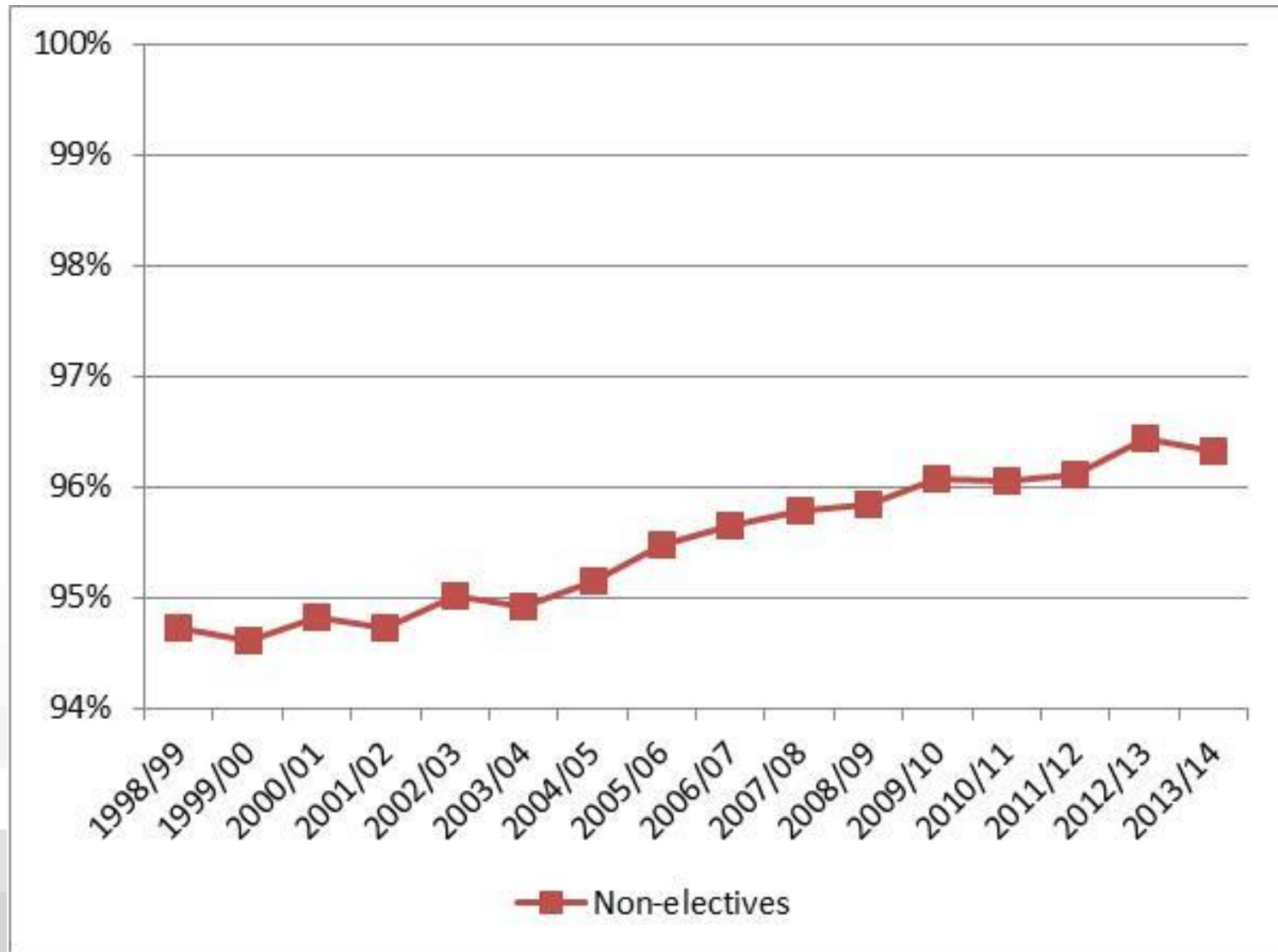


Re-established standardised data collection of hospital statistics

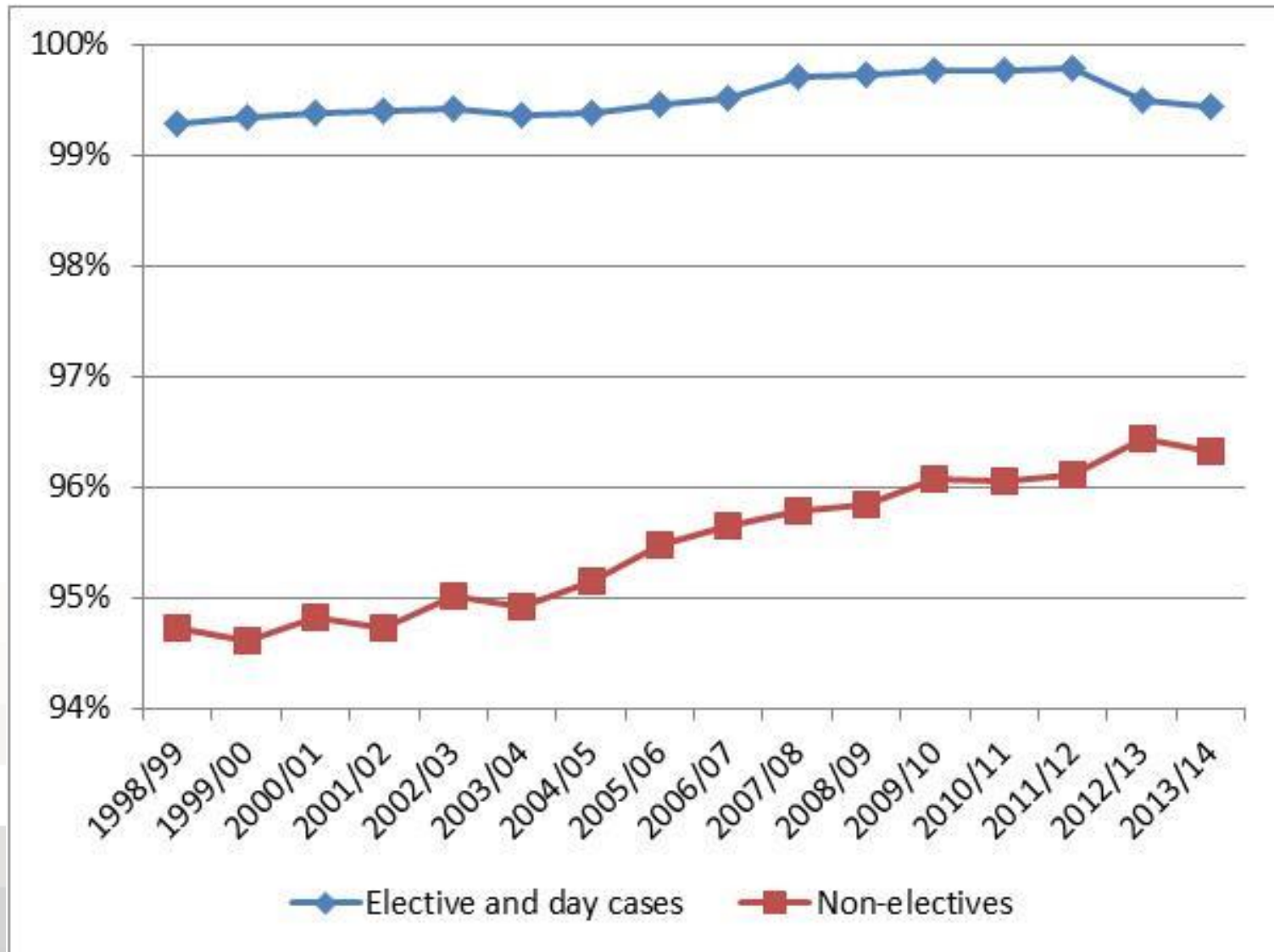
Including health outcomes



30-day post-discharge survival rate



30-day post-discharge survival rate



Inquiry into paediatric open heart surgery at Bristol Royal Infirmary



Between 1991 to 1995, between **30 - 35 more children under 12 months died** after open heart surgery than expected.

In 1998 Frank Dobson announced that NHS would publish hospital mortality rates and rates by named surgeon

Street (2002) JHSRP

US publication of surgeon outcomes



The New York Times

Death-Rate Rankings Shake New York Cardiac Surgeons

Report Cards for cardiac surgery led to

- Fewer deaths but
- Selection of low risk patients

Dranove et al (2003) *Journal of Political Economy*

UK publication of surgeon outcomes



SCTS

Society for Cardiothoracic Surgery
in Great Britain and Ireland

SCTS produced **risk-adjusted** mortality for CABG patients treated by 30 surgeons, published from 2001

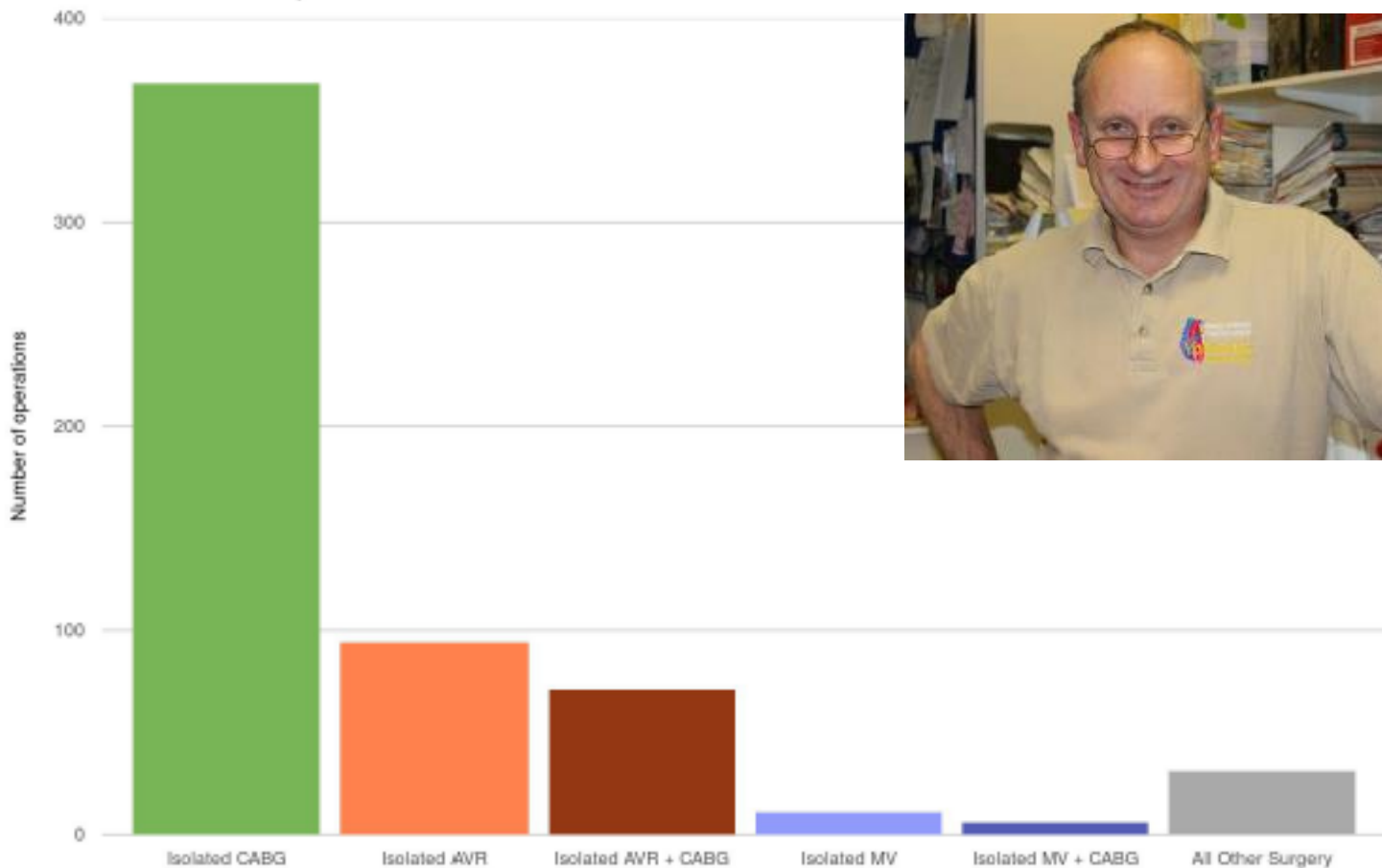
- Fewer deaths and
- No risk selection

Bridgewater et al (2007) Heart 93: 744-748

Volumes by surgeon

Data For Period April 2013 - March 2016

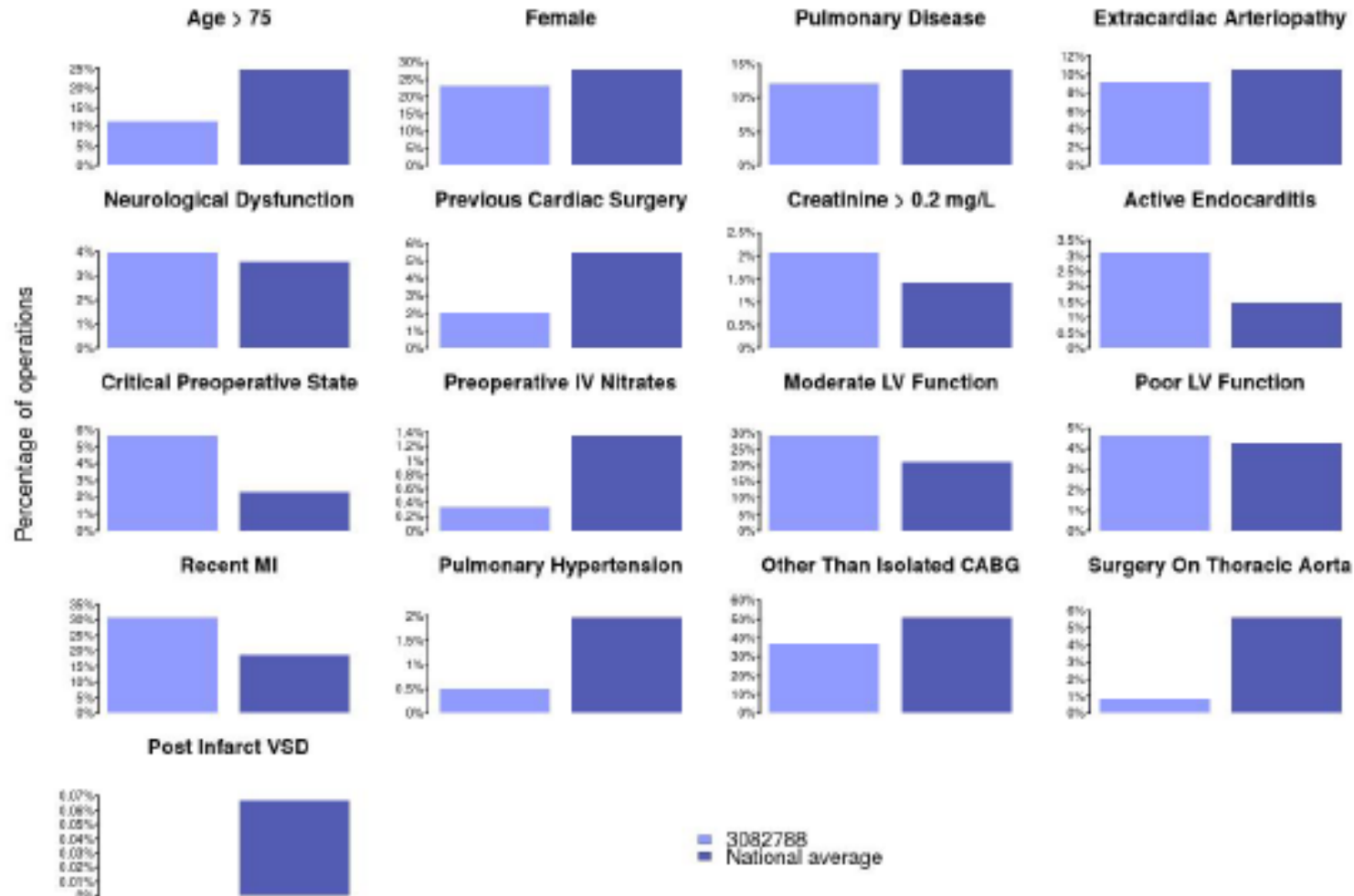
Number of operations



Patient profiles by surgeon

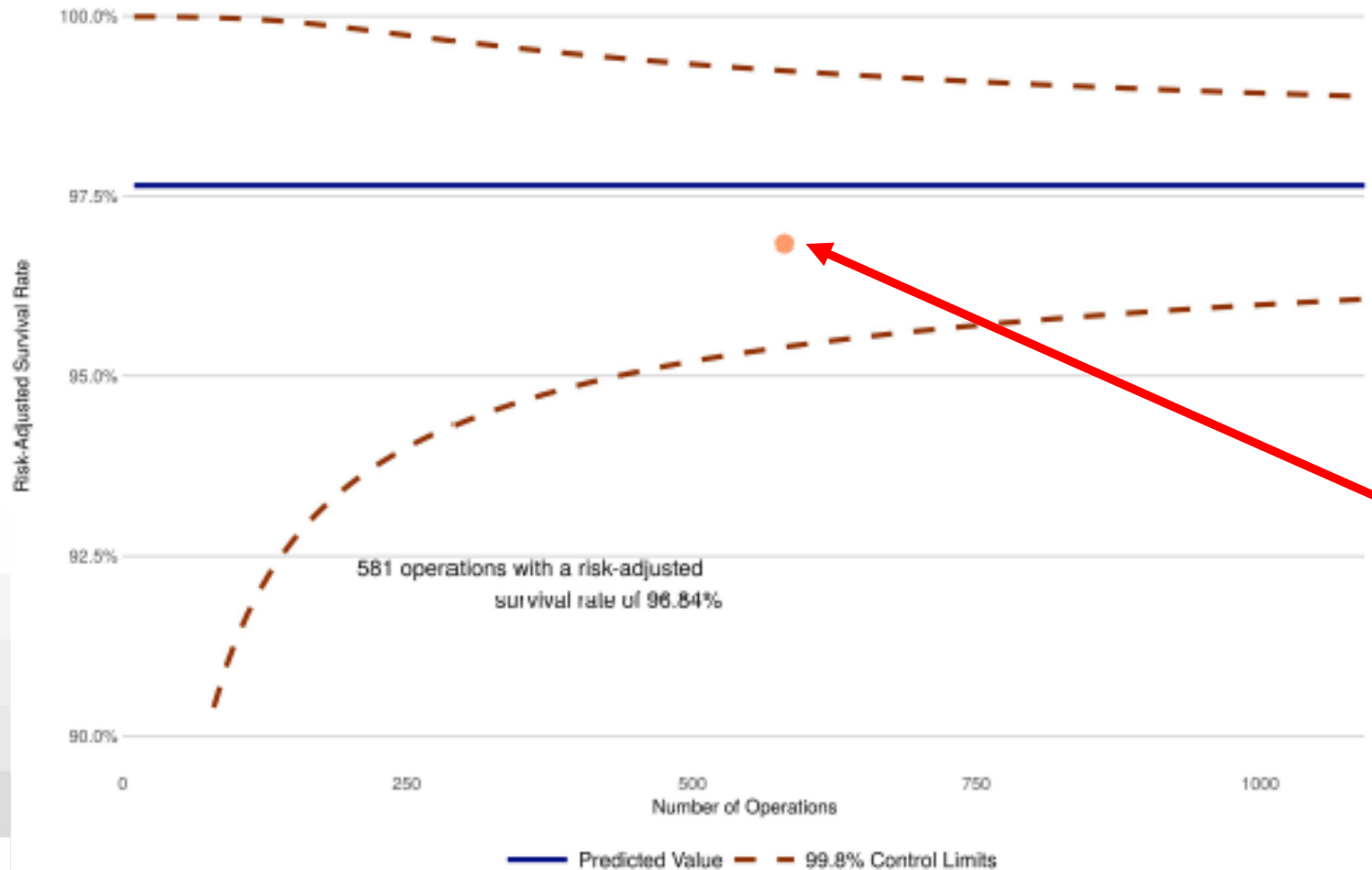
Data For Period April 2013 - March 2016

Average Patient Risk Profile



Risk-adjusted survival: funnel plots

Data For Period April 2013 - March 2016
Risk adjusted In-Hospital Survival Rate



NJR Surgeon and Hospital Profile



National Joint Registry

www.njrcentre.org.uk

Working for patients, driving forward quality

*for hip, knee, ankle,
elbow and shoulder joint
replacement surgery*



Surgeon: David Duffy

GMC: 4122106

▶ HOSPITALS IN WHICH THE SURGEON HAS ACTIVITY RECORDED IN NJR



▶ 12-MONTH PRACTICE PROFILE (1 YEAR)



▶ 36-MONTH PRACTICE PROFILE (3 YEAR)



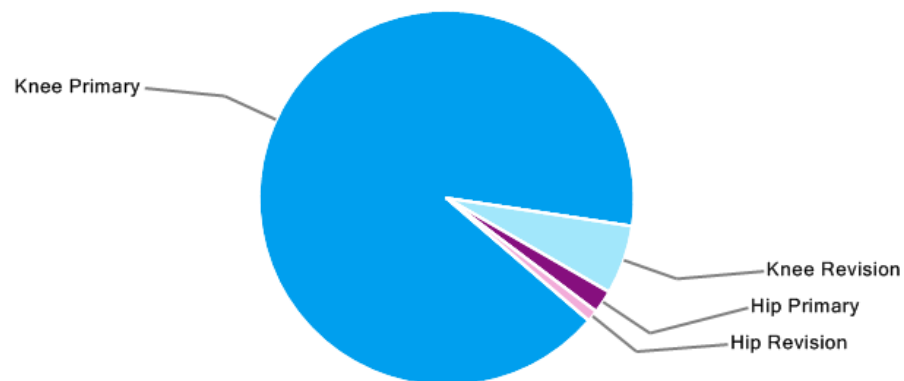
▶ HIPS



▶ KNEES



Data for 1 April 2012 - 31 March 2015

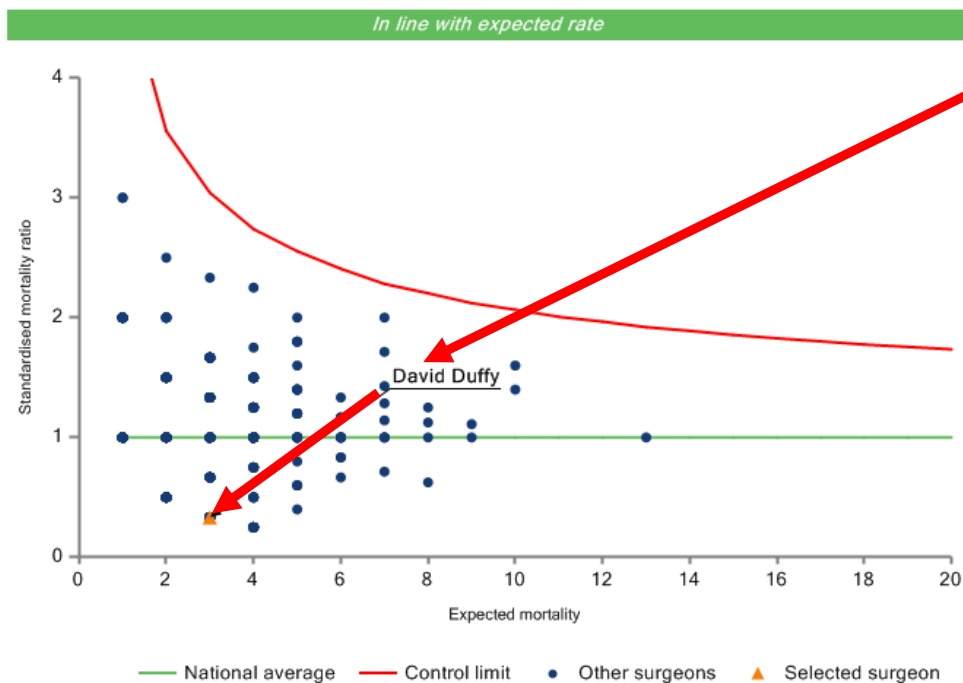


Operation Type	Operation Subcategory	Procedures Recorded for this Surgeon	National Average
Hip Primary	-	7	114
Hip Revision	-	Fewer Than 5	27
Knee Primary	Patello-Femoral Replacement	6	7
Knee Primary	Total knee replacement	278	123
Knee Primary	Unicondylar Knee Replacement	111	27
Knee Revision	-	24	14
Total	-	426+	312

▶ ABOUT THE PATIENTS WHO WERE TREATED i

▼ KNEES - 90-DAY MORTALITY i

Data for 1st April 2003 to 31st July 2015
 Surgeon risk adjusted 90-day mortality



Outcome measures in England



Since 2009, all patients asked to complete health status questionnaire **before** and **after** surgery

- Hip replacement
- Knee replacement
- Hernia repair
- Varicose vein removal

EQ-5D



Please indicate which statements best describe your own health state today. Tick one box for each group of statements.

Mobility

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

Self-Care

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

Usual Activities

- I have no problems with performing my usual activities (e.g. work, study, housework, family or leisure activities)
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

Pain/Discomfort

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

Anxiety/Depression

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

- Mobility
- Self-care
- Usual activities
- Pain & Discomfort
- Anxiety & Depression

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Usual Activities

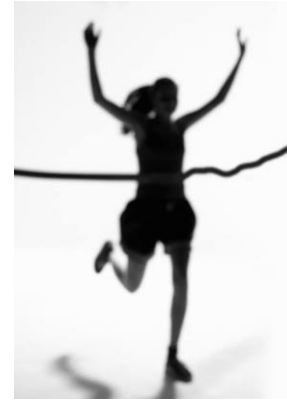
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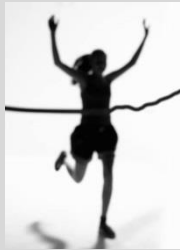





Anxiety/Depression

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed



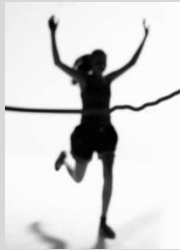





Hip surgery – mobility



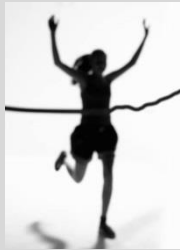





			
			
			
			

Hip surgery – mobility



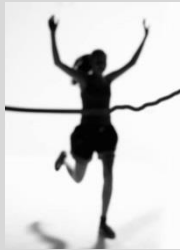


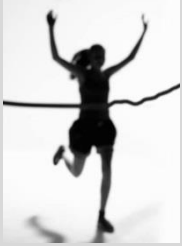


			
	5%		
		44%	
			0%

Hip surgery – mobility

			
	5%		
	49%	44%	
	0.1%	0.4%	0%

Hip surgery – mobility



			
	5%	1%	0%
	49%	44%	0.1%
	0.1%	0.4%	0%

What will is your expected post-treatment outcome?

Between April 2009 and March 2016

- 500k English patients completed the EQ5D
- before surgery and
- 3 or 6 months afterwards

Hip replacement: 185k

Knee replacement: 198k

Groin hernia repair: 115k

Gutacker & Street. (2017) Quality of Life Research

CART analysis



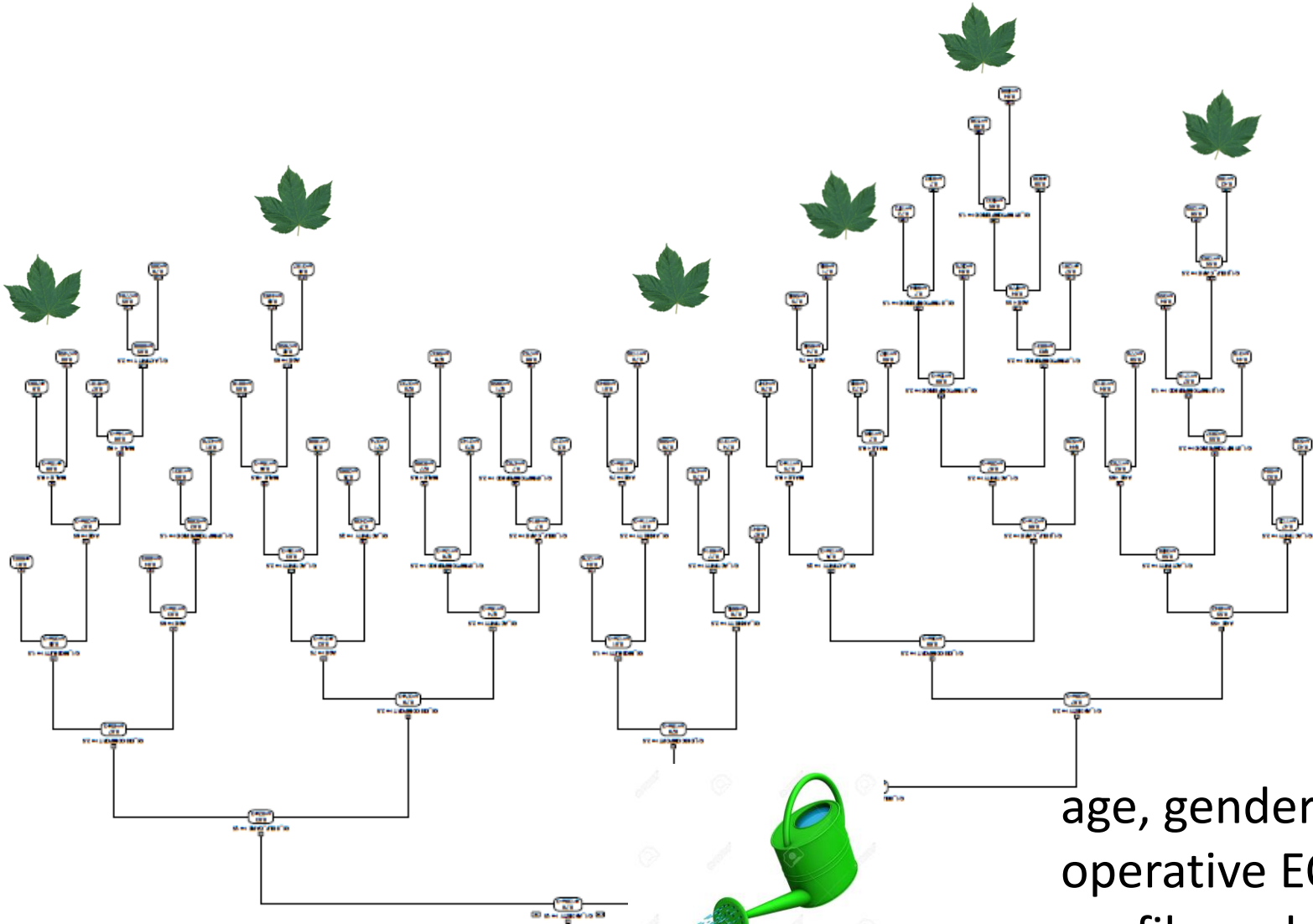
Allocate patients to groups with similar post-operative outcomes

Classification and Regression **Tree** (CART) algorithm

- **Branches**: represent conjunctions of patient characteristics
- Each branch ends in a group allocation (**Leaf**)

Branch splitting variables

- age, gender, pre-operative EQ-5D profile and symptom duration



185,111

acement

age, gender, pre-operative EQ-5D profile and symptom duration

Distinct outcome groups (leaves)



Hip replacement

– 55



Knee replacement

– 59



Groin hernia repair

– 60

After my surgery


Vale of York
Clinical Commissioning Group
UNIVERSITY of York

[Home](#) [How it works](#)

Welcome to After my Surgery

Are you considering a hip, knee or hernia operation?

Having an operation is a big decision and it is natural to wonder how you will feel after surgery. Will you be able to walk without problems and do the shopping again? Will you be free of pain?

Many people in this situation would like to know how patients before them have benefited from surgery. This website shows you what thousands of NHS patients have said about their own experience. You can use it to see how patients of your age and with similar health problems felt after they had their operation.

You can use this tool at home or in your local GP surgery. You can print your results and discuss them with your family, friends and your doctor.

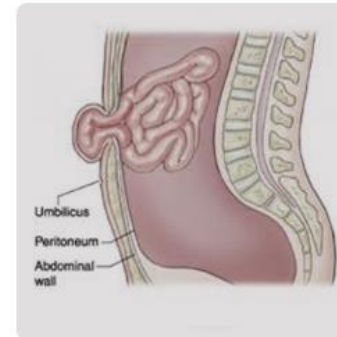
Please start by selecting an operation below. If you would like to learn more about how our calculator works, please click on *How it works* above.



[Hip replacement](#)



[Knee replacement](#)



[Groin hernia operations](#)

About you

Please provide some personal information and a description of how you feel today. This information allows the calculator to compare you to similar patients who already had surgery.

Your data will be treated confidentially and will only be used for this purpose. No information will be saved anywhere.

Your Age

Please Enter in Years:

Your Gender

Male

Female

How long have you had symptoms related to this condition?

Less than 1 Year

1-5 Years

6-10 Years

More than 10 Years

Please provide some personal information and a description of how you feel today. This information allows the calculator to compare you to similar people.

Your data will be used only for this purpose. No information will be saved anywhere.

Mobility

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I have some problems in walking about

I am confined to bed

Self-Care

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[See my results](#)

Age

Gender

Years with symptoms

EQ5D

Your Results

This figure shows how 100 patients like you felt six months after their operation, compared to how they felt before. These patients are similar to you in terms of their age, gender and how they felt before having surgery.

Please note that these results only provide an indication of the likely outcome of your surgery.

There may also be a number of other things you may wish to know about, for example how long you will need to be in hospital for or what may happen if you do not have surgery. We recommend that you discuss these results with your GP or consultant.

You can print these results by clicking on the button below. You can also change your answers.

If you would like to learn more about how we calculated these results please click on *How it works* above.

How 100 patients like you felt after surgery



Mobility After Surgery



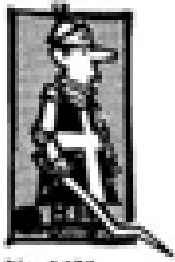
- 47** Had no problems in walking about
- 53** Had some problems in walking about
- 0** Were confined to bed

Self Care



- 88** Had no problems with self care
- 12** Had some problems with washing or dressing themselves
- 0** Were unable to wash or dress themselves

Inquiry into paediatric open heart surgery at Bristol Royal Infirmary



No. 1421
24 June -
7 July 2016
£1.80

PRIVATE EYE

Between 1991 to 1995, between **30 - 35 more children under 12 months died** after open heart surgery than expected.

Bacchus Marsh Hospital: Coroner finds significant failings in care in baby death cases

Damning verdict of medical failings and cover-ups in deaths of children in Northern Ireland

PROBLEMA SILENCIADO

Uno de cada cinco pacientes sufre un error sanitario en los hospitales

Los médicos reclaman que se desestigmatice el fallo y un baremo de indemnizaciones

Los efectos adversos ocasionan el 15% del gasto hospitalario en países de la OCDE

Medical Errors: The Third Leading Cause of Death in the United States

The Royal College of Surgeons referred the subject to a Committee, which reported adversely upon Miss Nightingale's Forms

The costliness of the work of compilation, the difficulty of securing actual, as well as apparent, uniformity ...

... are among the causes which have defeated Miss Nightingale's scheme (Cook 1913)

Final thoughts

Why is there limited information on performance?

- Data collection is costly
- It is difficult to make valid comparisons
- Data threatens to undermine the power of particular interest groups

Florence Nightingale



“The very first requirement in a hospital is that it should do no harm”

References



Bridgewater, B., et al. (2007). Has the publication of cardiac surgery outcome data been associated with changes in practice in northwest England: an analysis of 25 730 patients undergoing CABG surgery under 30 surgeons over eight years. *Heart* 93(6): 744-748.

Dranove D, et al. (2003). Is More Information Better? The Effects of “Report Cards” on Health Care Providers. *Journal of Political Economy* 111(3): 555-588.

Gutacker N, Street A. Use of large scale HRQoL datasets to generate individualised predictions and inform patients about the likely benefit of surgery. *Quality of Life Research*, 2017 DOI: 10.1007/s11136-017-1599-0.

Street A, Gutacker N. Will you feel better after surgery? Now you can find out using this online tool. [The Conversation](#)

Street A. The resurrection of hospital mortality statistics in England. *Journal of Health Services Research and Policy*, 2002; 7(2), 104-110.