

NCEPOD

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Headline:

SURGICAL SUPPORT IS STILL LIMITED FOR THIS IMPORTANT PROJECT

This study is reviewing all deaths following first time, isolated CABG over a three-year period from April 2004 - March 2007. It is being carried out by The National Confidential Enquiry into Patient Outcome and Death following a proposal by the SCTS and was funded by the Vascular Team at the Department of Health. It uses the standard NCEPOD techniques of review of questionnaires and casenotes by teams of advisors but also has an additional case control aspect. The primary focus of the study is on systems and process. All casenotes and questionnaires are reviewed by a team of advisors comprising surgeons, anaesthetists and cardiologists.

We are now well into the final year of the study and an interim report on the second year of the study is to be published shortly by NCEPOD. As with the first year of the study, NCEPOD remain disappointed by the rate of return of questionnaires. Thankfully data from year 1 of the study continued to be returned in year 2 and these cases have been included in the analysis. Out of a total of 410 eligible cases surgical data were returned on 87%, anaesthetic data on 88% cases and case notes on 82%. This resulted in only 289 (70%) complete sets for analysis.

Fewer deaths were reported in year 2. The rate of surgical returns is only 75% and the case note return rate is 68% giving complete sets for analysis in only 56% of cases.

In the second year of the study, data were collected on survivors to act as controls. The controls were matched using five data fields – age, gender, ventricular function, urgency of surgery and diabetes. Out of 274 matched controls selected, surgical data has been returned on 81% of cases so far – the return of case notes remains slow and only 165 (61%) complete sets are available for analysis.

This is the first time NCEPOD has used case controls in a study and I returns have to improve in order for the analysis to be robust. **Please note that anaesthetists out-perform surgeons as regards rate of return of questionnaires in every category in every year.**

This is an important study to which the Society is committed and I would encourage everyone to be diligent in returning questionnaires and casenotes. Any returns from the first two years of the study can still be included in the final analysis provided they are received by September 2007.