



PRESS RELEASE

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End-of-life care is significantly distorting published measures of hospital performance by eight times

CHKS, the UK's leading healthcare intelligence provider, is warning that under-recording in end-of-life care is drastically distorting the widely published measure of hospital performance (the mortality ratio) in England.

CHKS carried out a review of coding at Medway NHS Foundation Trust and discovered that only eight per cent of deaths were being recorded as end-of-life care when the actual proportion of end-of-life deaths should have been 37 per cent. Adjusting the mortality index to exclude these deaths reduced the hospital's score by just over a third – most hospitals would consider a reduction of 5 per cent as a good achievement.

This finding led CHKS to carry out further analysis using Hospital Episode Statistics (HES) data. This established that on average only 4.5 per cent of deaths across all general acute hospitals were coded as end-of-life care. Assuming Medway is a typical example, this would imply that on a national scale there is an under-recording of up to eight times.

The risk adjustment of mortality (used to produce a hospital standard mortality rate, or HSMR) is meant to be a measure of the risk of patients dying, given their condition on admission.

(cont.)

Patients who are not being identified as being given end-of-life care will clearly distort this and any relative ranking will be affected by the extent of their identification. Similarly, they should be excluded from length of stay analysis, as discharge is not necessarily the aim.

The CHKS analysis echoes the experience of those delivering palliative care services. Sue Ryder Care believes the findings match its own experience of working with colleagues in acute hospital settings.

Dan Beety, Head of External Communications at Sue Ryder Care said:

“Delivering the right care where and when people need it relies on good information on which to base service delivery and commissioning. The good intentions of the End of Life Care strategy will be undermined if we do not develop accurate and evidence-based data across the whole country. This will enable commissioners and providers to work together to match services to need, providing the best outcomes for people who are dying, and their families, and within finite resources.”

Dr Paul Robinson, Head of Market Intelligence, CHKS, said: “The Department of Health’s End of Life Care strategy published earlier this year focused on how plans for better end-of-life care need to be drawn up. Without accurate information, commissioners and providers will struggle to do this.” He continued: “This is a widespread problem that is distorting the relative positions of trusts in information that compares trusts’ hospital mortality ratios. Given the drive to share hospital mortality ratios with the public, this is a significant finding.”

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Notes to editors:

1. CHKS Ltd is the leading independent provider of healthcare intelligence and quality improvement services to the NHS and independent healthcare sector. With over 20 years' experience and working internationally with 480 clients, CHKS has a portfolio of information products, internationally-recognised accreditation programmes and consultancy services which provide clinicians and managers with the information needed to drive improvements in patient care, financial efficiency, clinical effectiveness and quality. The CHKS Advisory Board was set up in 2007 to provide direction and advice on strategic healthcare issues in the UK and overseas.
2. Sue Ryder Care is a leading Third Sector provider of specialist palliative and long term neurological care. They provide care in people's own homes and communities, neurological care centres and hospices.

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