

Transparency and Outcome Reporting in Congenital Heart Care: A Single-center
Assessment of Provider Knowledge

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Background: There is a movement in congenital heart care towards transparency and outcome reporting to the public. These efforts can provide parents and referring providers with decision-making information that empowers confident care choices. As a quality improvement initiative we assessed provider knowledge of outcomes in our single ventricle population prior to dissemination of these data.

Methods: A convenience sample of heart center staff consisting of cardiology attendings, cardiology fellows, cardiac intensivists and cardiology nurse practitioners were surveyed regarding their current perception of program outcomes for infants undergoing stage 1 (Norwood) palliation (S1P) at our institution. Staff answers were then compared to actual results and disseminated to team members to decrease practice variability and increase accuracy of outcome data being provided to families and referring physicians.

Results: A total of 29 staff members were surveyed. Staff-reported answers as median (interquartile range) by provider type are listed below in addition to calculated (actual) program outcomes from 2010 to 2014.

	Attending (n=18)	Fellow (n=7)	APP (n=4)	Actual
Number of S1P per year	20 (15-20)	12 (9-16.5)	11.5 (10.75-21.5)	16
% with BT shunts	30 (20-47.5)	30 (20-35)	30 (21.25-38.75)	50
Intubation duration after S1P in days	7 (6-13.5)	7 (6.5-8.5)	11 (8.25-12)	8
S1P LOS in days	40 (30-44.25)	30 (30-37.5)	50 (38.75-55)	46
% inpatient interstage	22.5 (20-37.5)	25 (20-40)	20 (12.5-26.25)	24
% with GTube at S1P discharge	35 (25-57.5)	40 (30-50)	24 (20-28.5)	49
% interstage mortality	1.5 (1-3.75)	1 (0-1.5)	0.5 (0-1.75)	0
% mortality from S1P to S2P	5 (5-10)	5 (5-6.5)	3 (1.5-4.25)	7

Conclusion: Knowing the ultimate goal of quality measurement and reporting is to improve care and patient outcomes, this project illustrates the usefulness of ensuring care team members are equipped with accurate outcome data and emphasizes the need for institutional transparency. A planned staff reassessment in 3 months will determine the efficacy of efforts to improve institutional transparency.

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