Reclassifying patients using highest complexity operation, rather than index operation of an admission, may shift them predictably into different categories; however, it won’t change the landscape.

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the discrimination of risk stratification to predict outcomes. A more accurate risk-stratification system would potentially lead to increased participation because centers may feel less threatened to report their results. Despite this, the authors described predictable changes in grouping and outcomes using their reclassification system (albeit in a high-complexity, skewed population), but they did not evaluate whether this system changes the landscape of reporting for congenital heart surgery. Meaningful changes in reporting will be predicated on changes in patterns of participation (which is itself constrained by resources within each center), minimization of data errors, and a commitment to quality and process improvement. Current initiatives within the STS Database Taskforce are focused on investigating diagnosis-based rather than procedure-based classification, improving calibration, and weighting of variables to account for the relative influence of factors such as timing of adverse events. We applaud Gupta and colleagues for their thoughtful approach to the important problem of assessing the current imperfect system, but we are not convinced that anyone has found the best path forward.

References