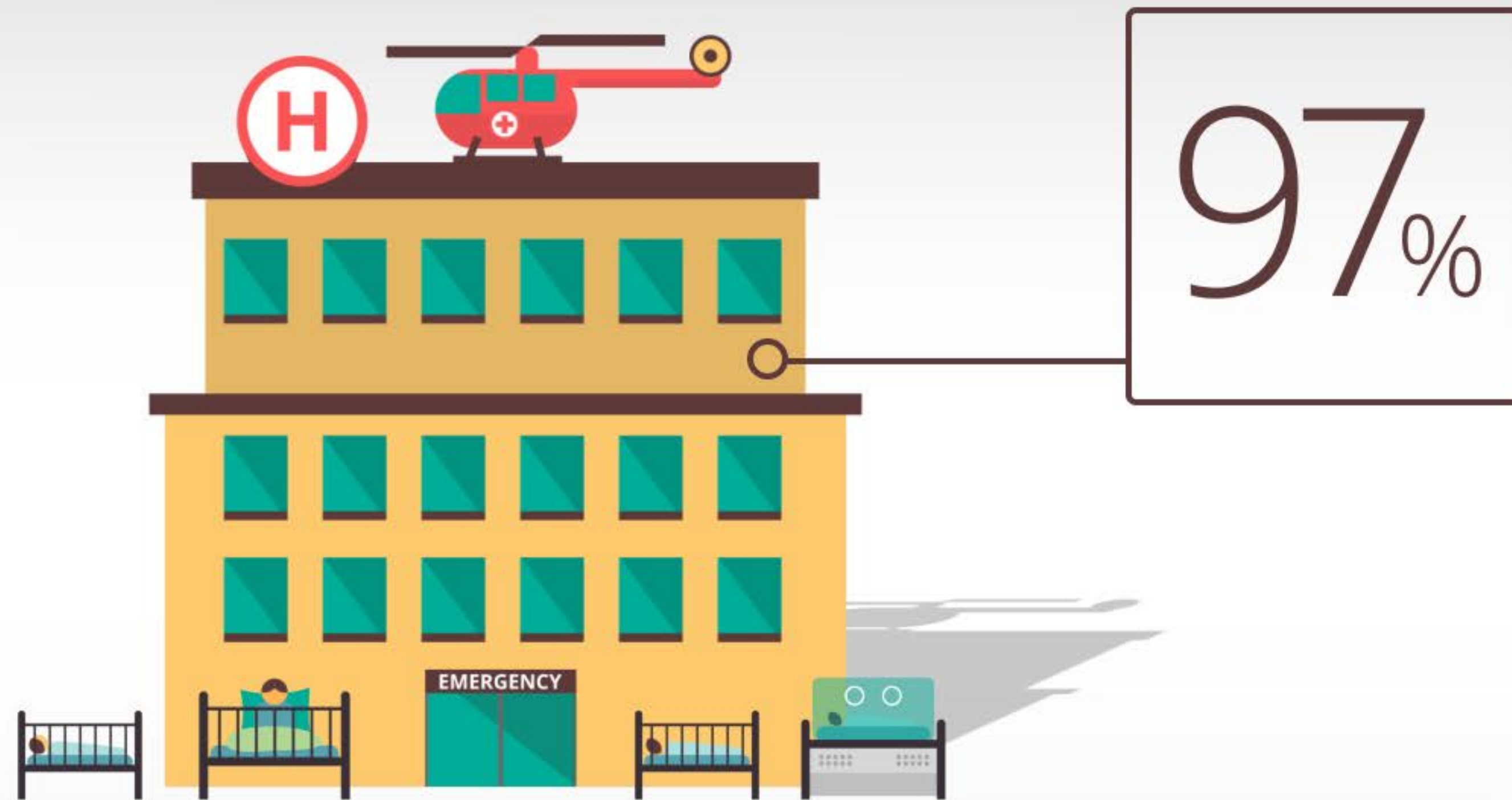


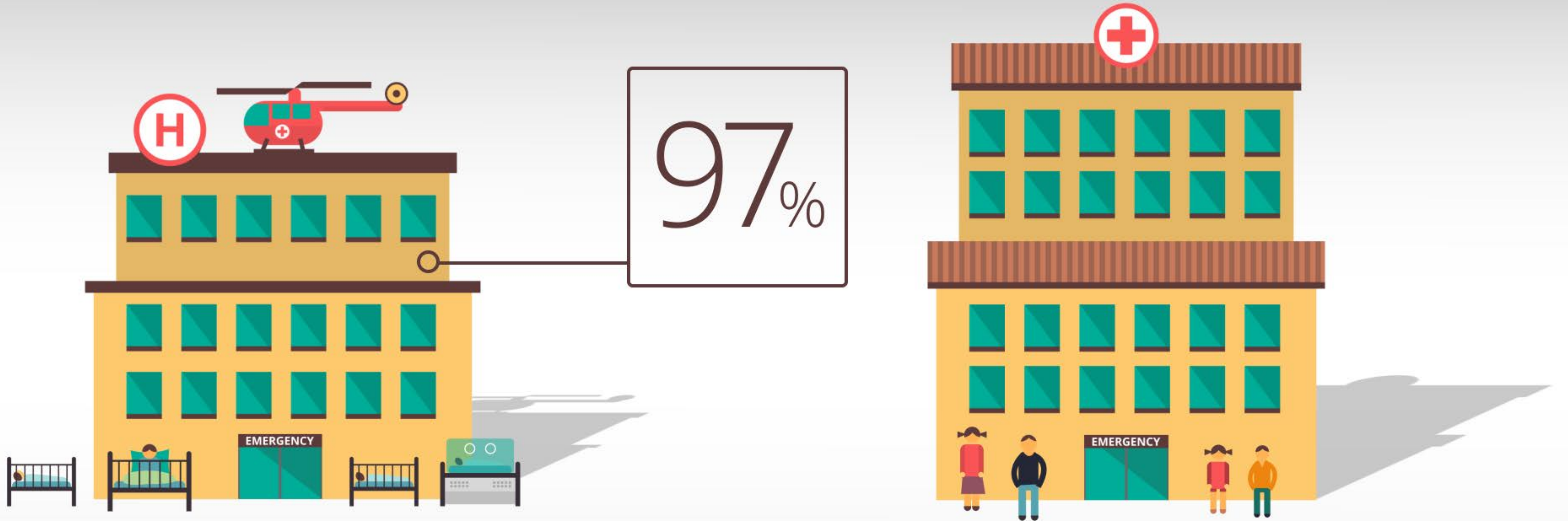
TWO MINUTE GUIDE TO HOW WE PRESENT THE RESULTS



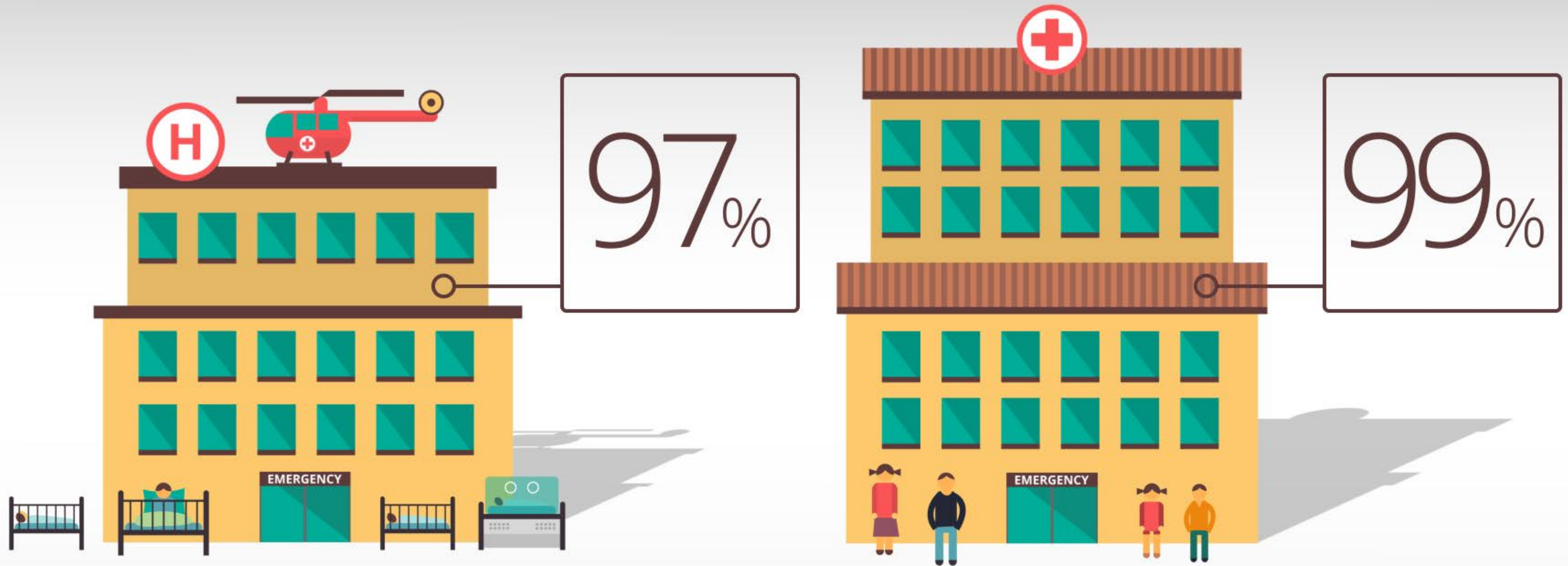
How do we report what happened at a hospital? Over a 3 year period, we calculate the proportion of children treated at the hospital who survived to at least 30 days after their surgery:



the survival rate.

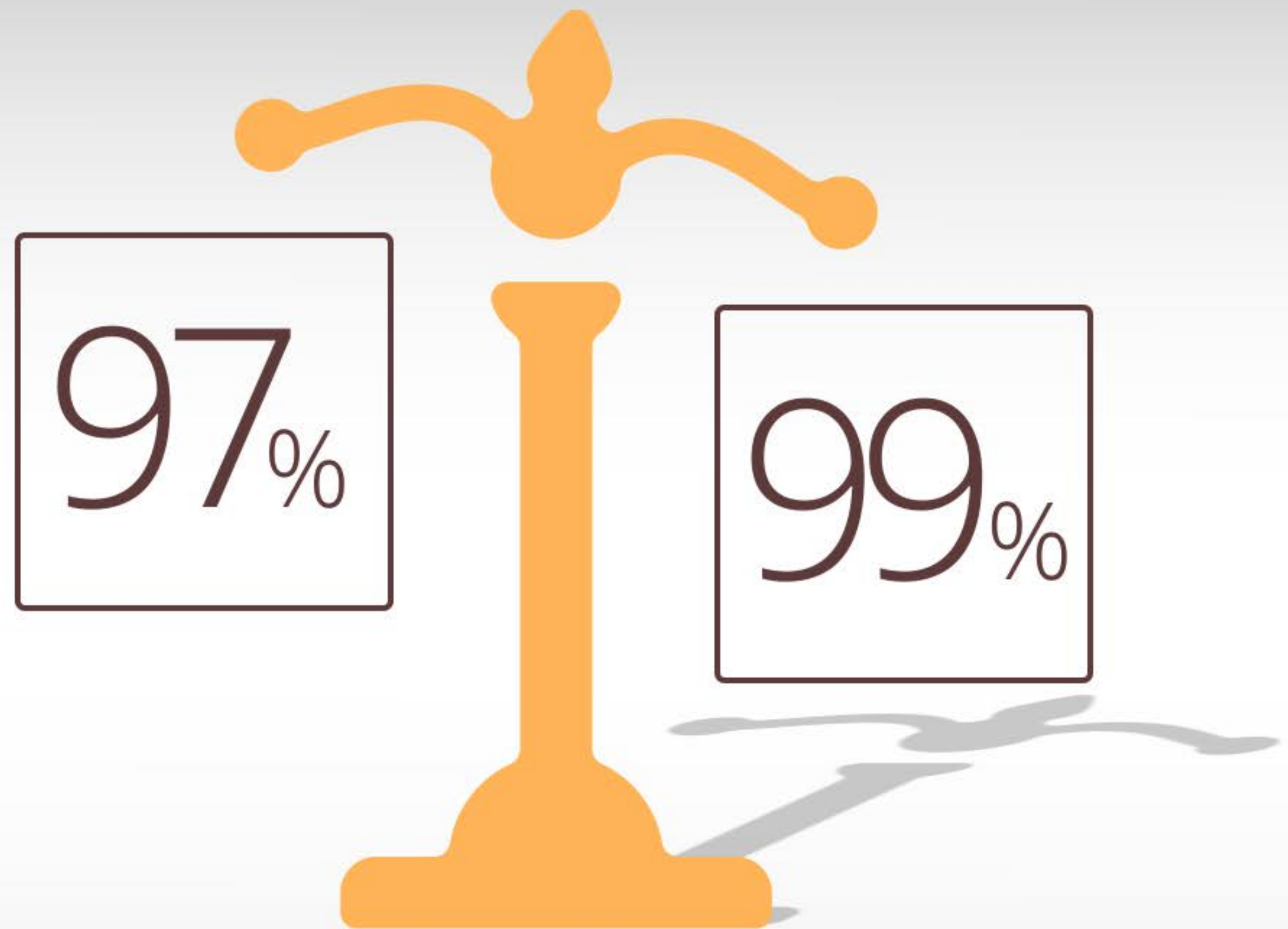


As some hospitals will treat children with more complex medical problems than other hospitals...

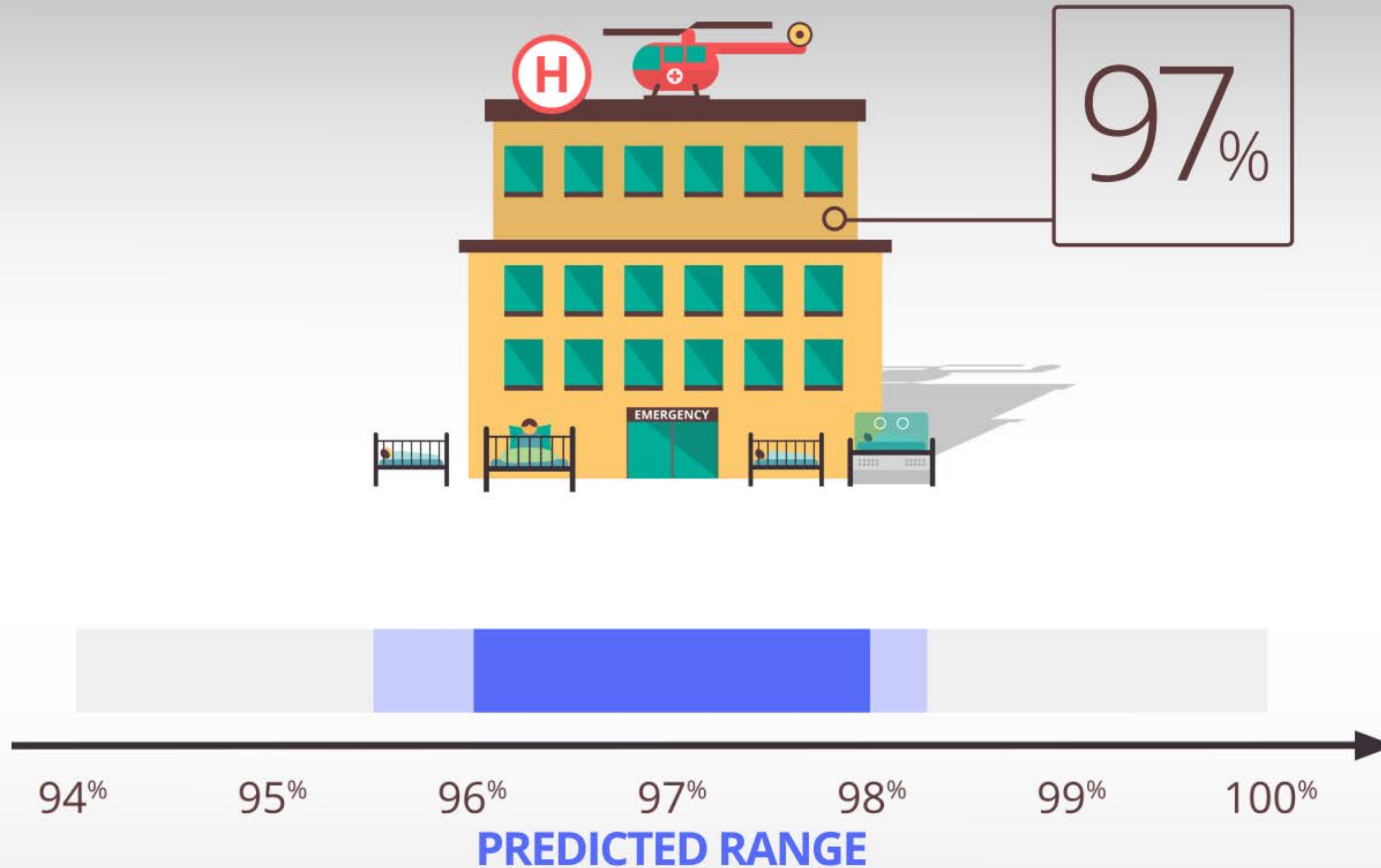


...we would not expect all hospitals to have the same survival rate

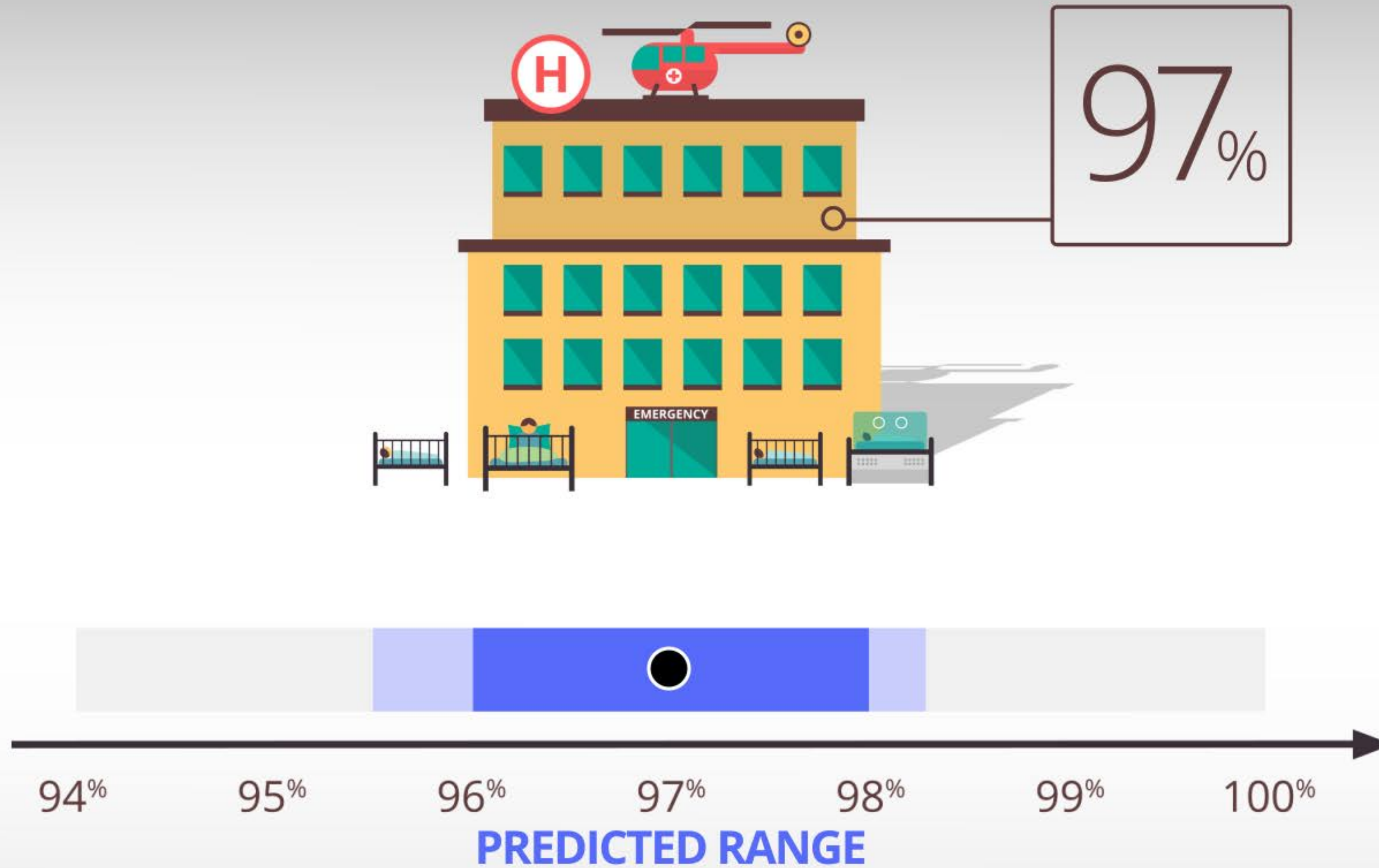
NO!



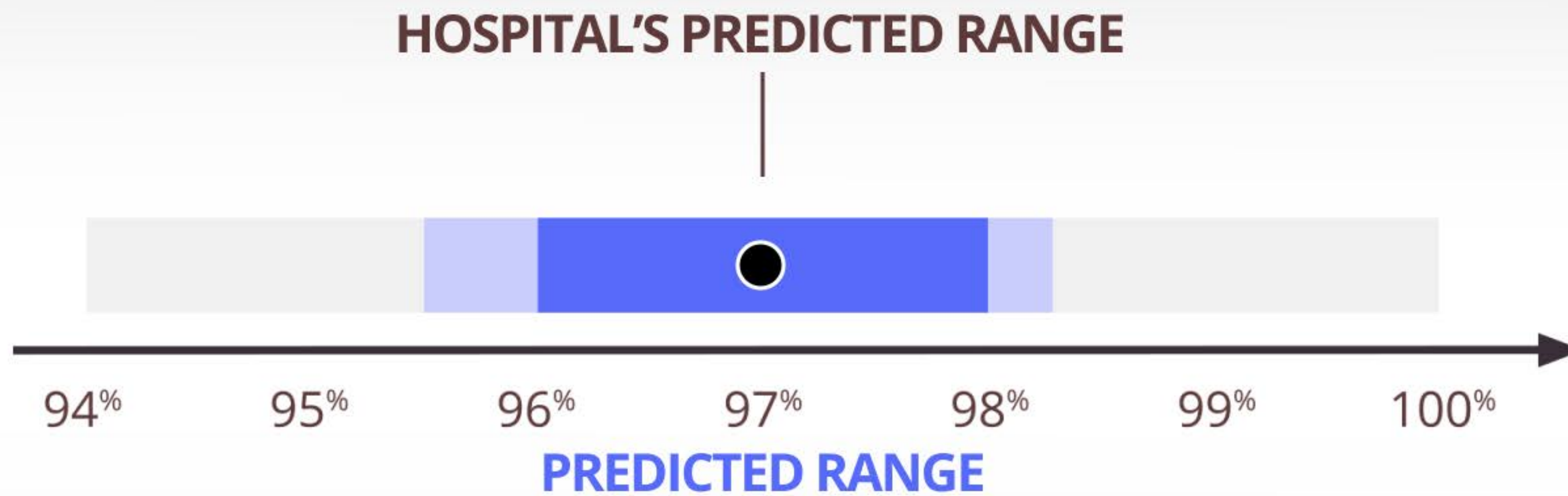
So it doesn't make sense to simply compare one hospital's survival rate to another's.



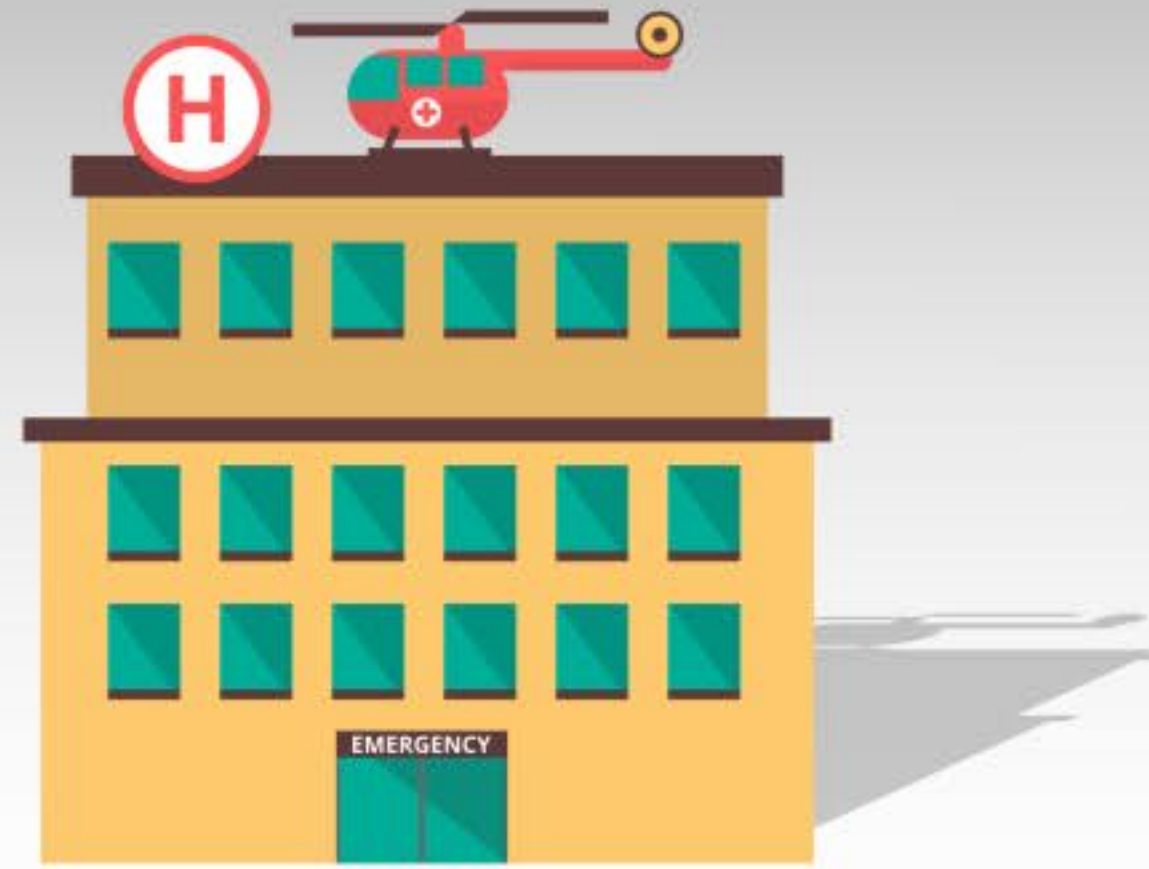
Instead, we use the statistical formula to calculate the predicted range of survival for the children that hospital has treated, which depends only on the complexity of the medical problems of those children



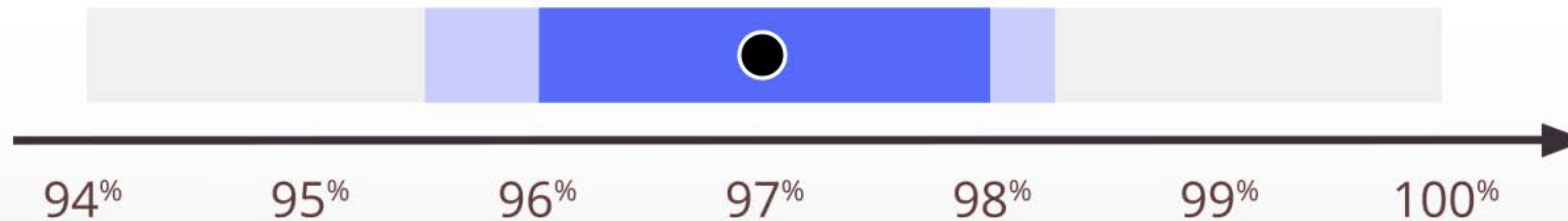
We then compare a hospital's survival rate to its predicted range of survival



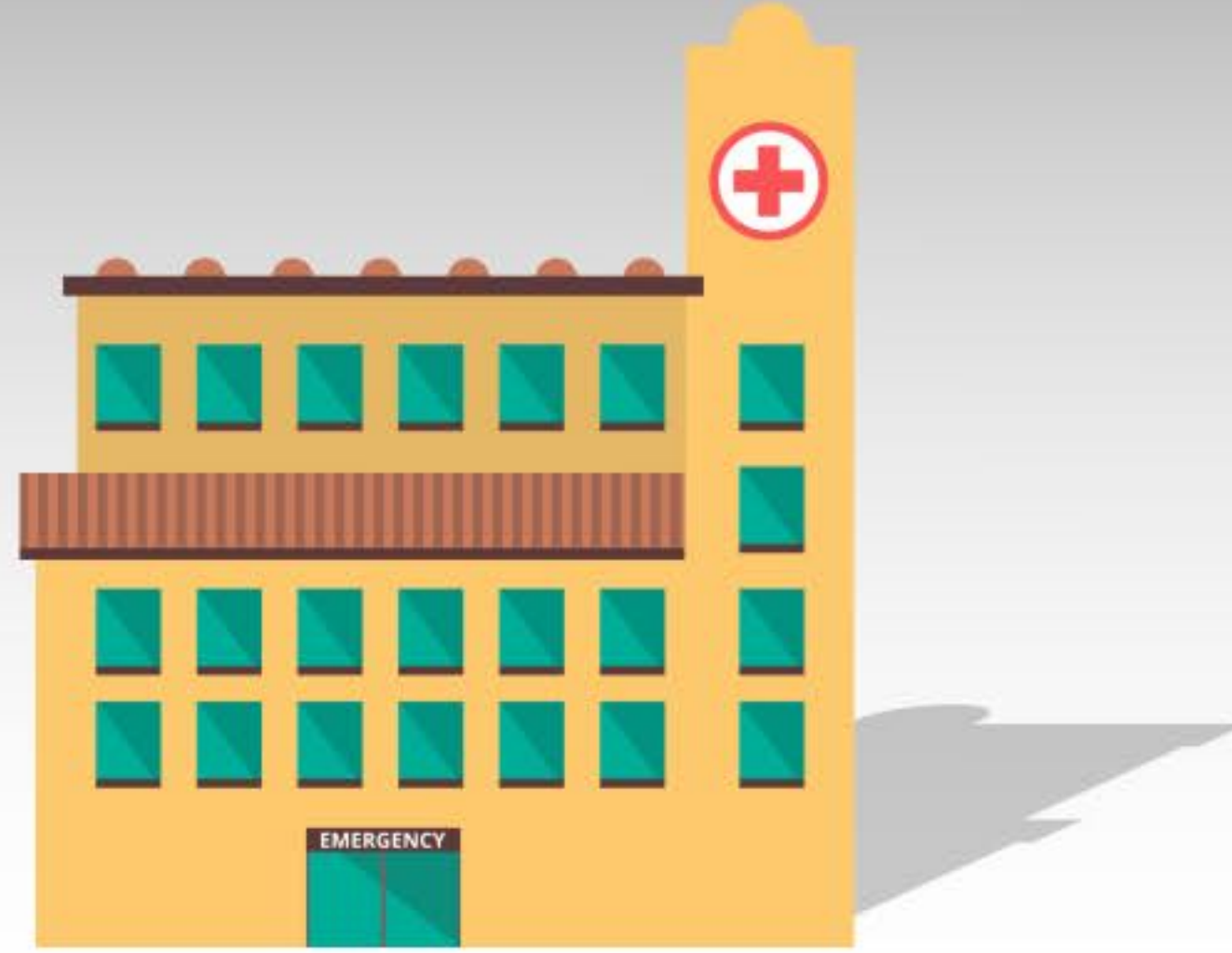
How do we interpret this?



**NO EVIDENCE
OF DIFFERENCE**



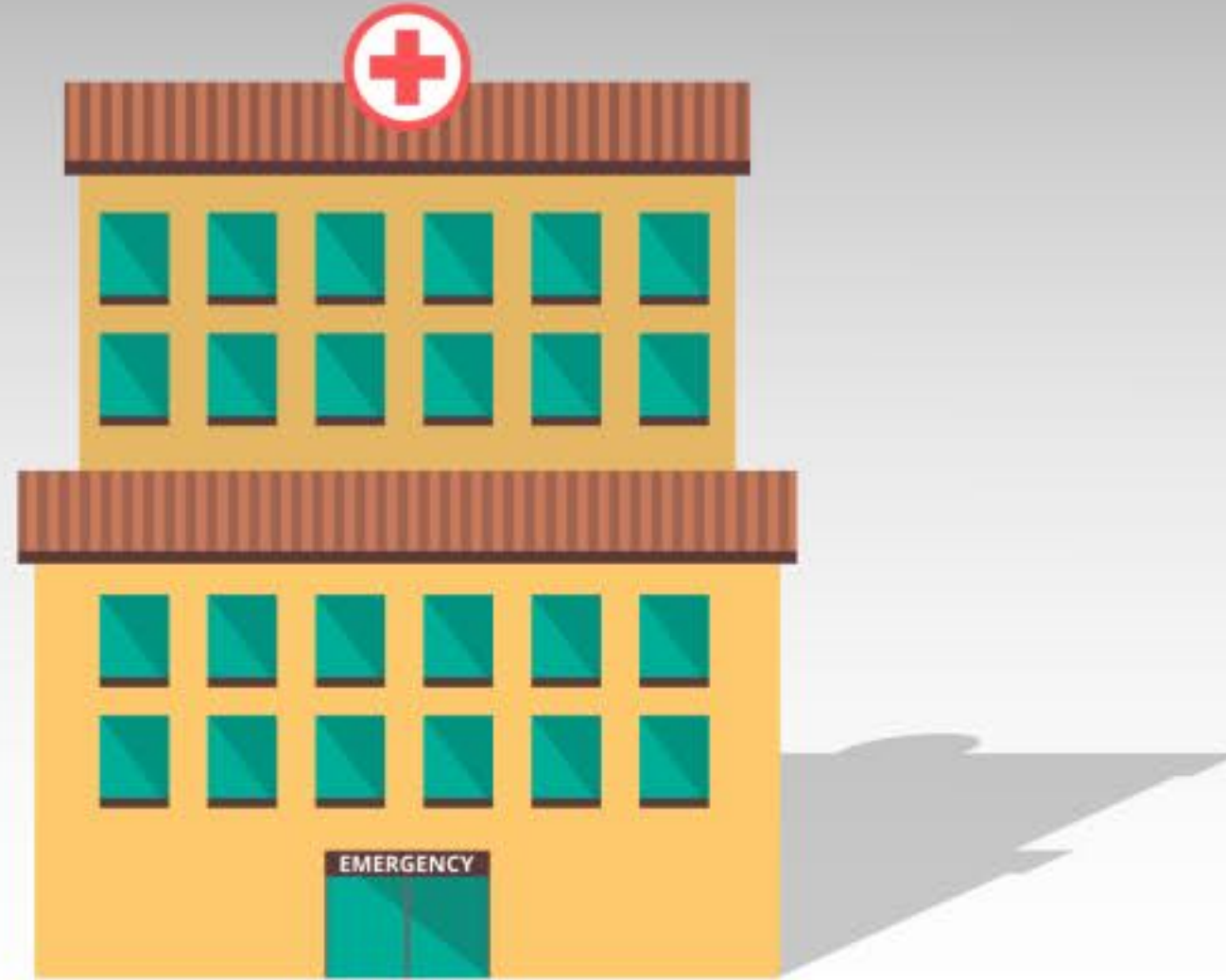
If the survival rate lies in the dark blue area (the predicted range), then there is no evidence that the chances of survival of children at that hospital are different from what is predicted.



SOME EVIDENCE OF DIFFERENCE



If a hospital's survival rate turns out to lie in the light blue area, this means there is some evidence that the chances of survival in the hospital are different from that predicted by the formula.



**STRONG EVIDENCE
OF DIFFERENCE**



If the survival rate turns out to lie outside either blue area (outside the extended predicted range), this means that there is strong evidence that the chances of survival in that hospital are different from that predicted by the formula.



If there is some



Or strong, evidence that chances of survival at a hospital are lower than predicted...



...then the audit body, the relevant national health service and the hospital all work together to check the data and take any appropriate actions.



UNDERSTANDING CHILDREN'S HEART SURGERY OUTCOMES

Everything else

Background

- Why do some children need heart surgery?
- Why are survival rates after children's heart surgery monitored and published?
- How are survival rates monitored?
- Where is this data from?

Limitations of these results and the data

- Are there any limitations to using a formula?
- How reliable are the data?
- What are the limitations of the data?

Understanding the predicted range



- Why is a different survival range predicted for each hospital?
- Why does the width of the predicted range differ between hospitals?

My family or child

- Which hospital should I go to?
- Can the published data tell me about the risks for my child?
- Charities and support groups for families of children with heart problems

Who developed this site and how

- About us
- How we developed this site

For more information about things covered in this website in general, explore our “Everything else” section.



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Which includes our animation “How is the predicted range calculated?” if you want to learn more about the technical details

[Home](#)[? What, why, how?](#)[Explore the data](#)[Everything else](#)


Explore the data

View the data presented in a map or a list

[Map](#)[List](#)

Mapped data for April 2011 - March 2014

There are fourteen hospitals in the UK and Ireland that perform heart surgery in children (0 - 16 years old).
This data is updated annually and covers the most recent three year report period.



London, Harley Street Clinic	>
Leicester, Glenfield Hospital	>
Newcastle, Freeman Hospital	>
Glasgow, Royal Hospital for Children	>
Bristol Royal Hospital for Children	>
Southampton, Wessex Cardiothoracic Centre	>
Leeds General Infirmary	>
Dublin, Our Lady's Children's Hospital	>
London, Royal Brompton Hospital	>
Liverpool, Alder Hey Hospital	>
London, Evelina London Children's Hospital	>
Birmingham Children's Hospital	>

Now, click on “Map” or “List” to explore a hospital’s recent results.