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WEB-BASED COMMON OTOTOLOGY DATABASE

By Matthew Yung

The lack of standardization in the reporting of surgical outcome up to now makes it difficult to draw any conclusion from the existing literature. In 1995, the Committee on Hearing and Equilibrium made recommendations on ways of reporting hearing results. However, it made no reference on other surgical outcomes.

Ear UK has sponsored a national web-based otology audit system. The aims of the project are:

1. To identify common otology audit data amongst clinicians.
2. To provide an IT system to store otology data for clinicians.
3. To create a large database which allows statistical analysis to be made on various otological interventions with sufficient power.
4. To enable clinicians to monitor their own surgical practice against the benchmark.

The UK project is jointly funded by BACO and BUPA and is part of a wider European ear audit project. At present, the project only involves middle ear surgery. A group of otologists from 12 European countries have already agreed on the common otology data. This selective group of European otologists also participate in the ear audit themselves. Their data are subjected to external validation and the cumulative results will be used as the benchmark.

The current website www.ear-audit.net has been in operation since January 2004. Users are asked to input data prospectively onto the website. Two levels of data entry are available. Level 1 is a minimum otology database designed for general otolaryngologists and surgical trainees. Only main surgical outcomes are recorded. Level 2 is a comprehensive database designed for otologists. Detailed information on pathologies, risk factors and surgical procedure are recorded. As both databases share the same core data, clinicians using database 1 can still compare their main surgical outcome with those using database 2. The data entry is either by tick boxes or selections from drop-down boxes. Input errors are validated using IT techniques to make sure that all data fields are completed.

The identity of the patients and the surgeons are anonymous. Each hospital would be given a Hospital Code Number and each surgeon a Surgeon Code Number. Each patient is identified on the database with an encrypted Patient Code Number created by the individual surgeon.

Each surgeon can download his database from the website. He/she will not have access or knowledge of the surgical outcome of the other surgeons. However, a comparative table will be made available to each individual surgeon on the website in almost real-time comparing his/her surgical results to the benchmark.

Any UK surgeon who wishes to join the audit project can get in touch with Mr Matthew Yung, Chairman of the Clinical Practice Advisory Group.