

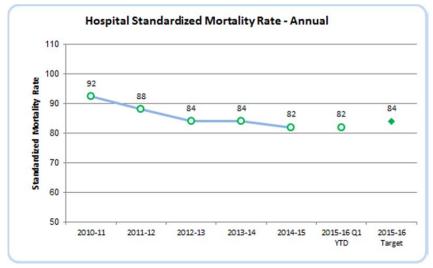
Hospital Mortality

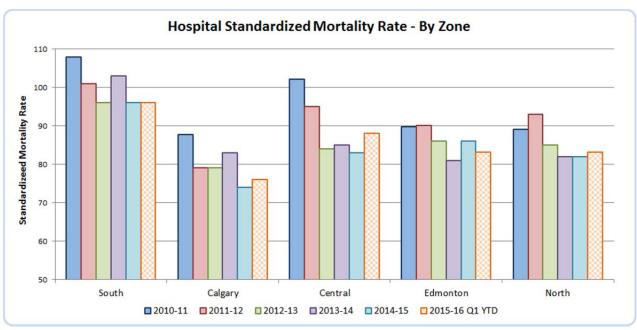
Measure Definition

The ratio of actual number of deaths compared to the expected number of deaths based upon the type of patients admitted to hospitals. This ratio is multiplied by 100 for reporting purposes. AHS is performing better than the national average of 89. The ratio compares actual deaths to expected deaths after adjusting for factors that affect in-hospital mortality, such as patient age, sex, diagnosis and other conditions. The expected deaths are based on comparison to similar patients in national databases.

Understanding this Measure

This measure of quality care shows how successful hospitals have been in reducing patient deaths and improving patient care. A mortality ratio equal to 100 suggests that there is no difference between the hospital's mortality rate and the overall average rate. A mortality ratio greater than 100 suggests that the local mortality rate is higher than the overall average. A mortality ratio less than 100 suggests that the local mortality rate is lower than the overall average.







Hospital Mortality – Actions

Complete and sustain Medication Reconciliation (MedRec) upon admission, transfer and discharge **Provincial/** in acute care, ambulatory care and home care. **Strategic** Monitor Venous thromboembolism (VTE). Clinical Implementation of National Surgical Quality **Network (SCN)** Improvement Program (NSQIP)/ Trauma Quality Improvement Program (TQIP) to improve surgical and trauma care (1 NSQIP site/Zone; 3 TQIP sites). Implemented Medication Reconciliation practices, such as transition to revised Best Possible Medication History form and introduction of the Dr. Hohl modified tool for high risk assessment. Falls Risk Management Plan and audit process South drafted. Review of VTE audit results for 2014-15 complete and proposed approach for 2015-16 developed. First dangerous abbreviations audit cycle completed. ED identifying patients on whom MedRec is required and implementing process. Foothills Medical Centre Transition Units are Calgary participating in the Provincial Falls Collaborative; measurement and prevention strategies are in development. Acute Care implementation of Falls Risk Management program ongoing. Continuation of MedRec at transfer and discharge, Central ED and Cardiovascular Care Unit pilots at Red Deer Regional Hospital. Continued rollout of VTE best practice guidelines. Work continues to implement standardized pressure ulcer prevention protocol. Completed limited roll-out to units within medicine, Edmonton emergency and surgical programs. Continue implementation of standardized falls prevention protocol. Site specific action plans are in development and implementation stages. Chart audit tool finalized and available for cases North

with unexpected mortality based on risk adjusting.

Additional Hospital Mortality data drilldown completed. Review process initiated in Q1.

IN SUMMARY

AHS uses the Hospital Standardized Mortality Ratio (HSMR) for internal benchmarking purposes. Quarterly reported data shows how the ratio has changed in relation to quality improvement efforts – where we've made progress and where we can continue to improve.

Each year, we carefully review the results, identify and work to implement improvements wherever possible.

DID YOU KNOW

Medication incidents are one of the leading causes of patient injury. Medication Reconciliation plays a key role in patient safety. This process ensures the medication history is comprehensive and accurate, and that all the discrepancies are addressed.

When a person is not moving well or enough, blood can pool in the legs and cause blood clots to form. This is called a venous thromboembolism (VTE). VTE is one of the most common complications of hospitalization and the most common preventable cause of hospital death.



Hospital Mortality – Zone and Site Details

The ratio of actual number of deaths compared to the expected number of deaths based upon the type of patients admitted to hospitals. This ratio is multiplied by 100 for reporting purposes.

	2012-13	2013-14	2014-15	Q1 YTD			2015-16
Hospital Standardized Mortality Rate				2014-15	2015-16	Trend *	
				Last Year	Current		Target
Provincial	84	84	82	78	82	Ψ.	84
South Zone Total	96	103	96	92	96	4	91
Chinook Regional Hospital	90	110	95	94	95	V	89
Medicine Hat Regional Hospital	115	104	99	86	97	\downarrow	105
All Other Hospitals	84	91	97	95	96	\downarrow	85
Calgary Zone Total	79	83	74	72	76	Ψ	79
Foothills Medical Centre	79	86	81	81	84	V	79
Peter Lougheed Centre	77	77	73	69	69	\rightarrow	77
Rockyview General Hospital	78	81	66	55	74	V	79
South Health Campus	N/A	78	67	76	61	1	79
All Other Hospitals	82	90	81	83	69	个	81
Central Zone Total	84	85	83	81	88	Ψ	84
Red Deer Regional Hospital Centre	90	90	85	83	83	→	88
All Other Hospitals	81	82	83	80	91	V	81
Edmonton Zone Total	86	81	86	78	83	4	85
Grey Nuns Community Hospital	83	78	82	75	80	V	83
Misericordia Community Hospital	89	77	95	90	95	V	88
Royal Alexandra Hospital	82	82	87	77	89	\downarrow	83
Sturgeon Community Hospital	89	84	71	72	82	V	88
University of Alberta Hospital	90	83	88	77	82	V	88
All Other Hospitals	78	72	78	78	61	1	84
North Zone Total	85	82	82	87	83	1	83
Northern Lights Regional Health Centre	56	65	38	N/A	N/A	N/A	56
Queen Elizabeth II Hospital	102	76	83	102	81	1	96
All Other Hospitals	83	85	86	89	84	1	83

N/A: No results available. South Health Campus opened February 2013 and Northern Lights Regional Health Centre indicates statistically unreliable rates due to low volumes.

^{*}Trend: \uparrow Improvement \rightarrow Stability \downarrow Area requires additional focus

Eligible Cases				Q1 YTD	
	2012-13	2013-14	2014-15	2014-15 Last Year	2015-16 Current
Provincial	94,888	97,087	99,899	25,551	25,503
South Zone	8,000	7,981	8,159	2,108	2,048
Calgary Zone	31,310	32,188	33,304	8,388	8,525
Central Zone	12,428	12,294	12,800	3,206	3,292
Edmonton Zone	32,745	34,266	34,973	9,047	8,954
North Zone	10,405	10,358	10,663	2,802	2,684