

Hospital Mortality

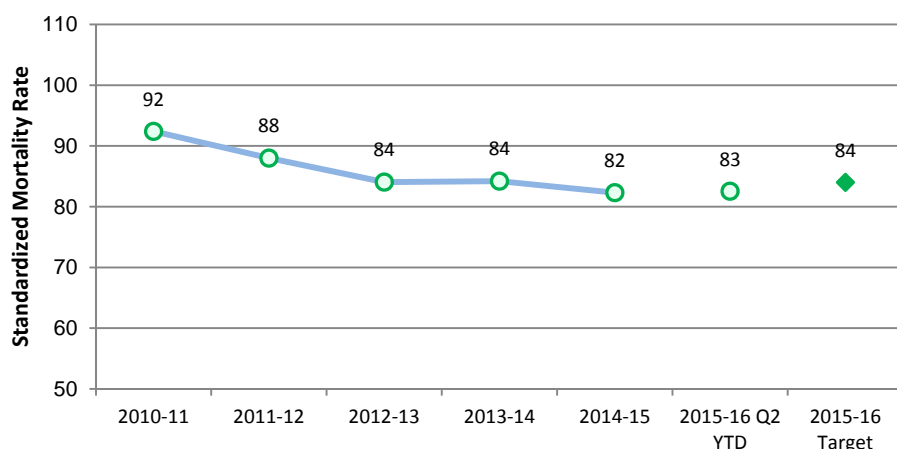
Measure Definition

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.

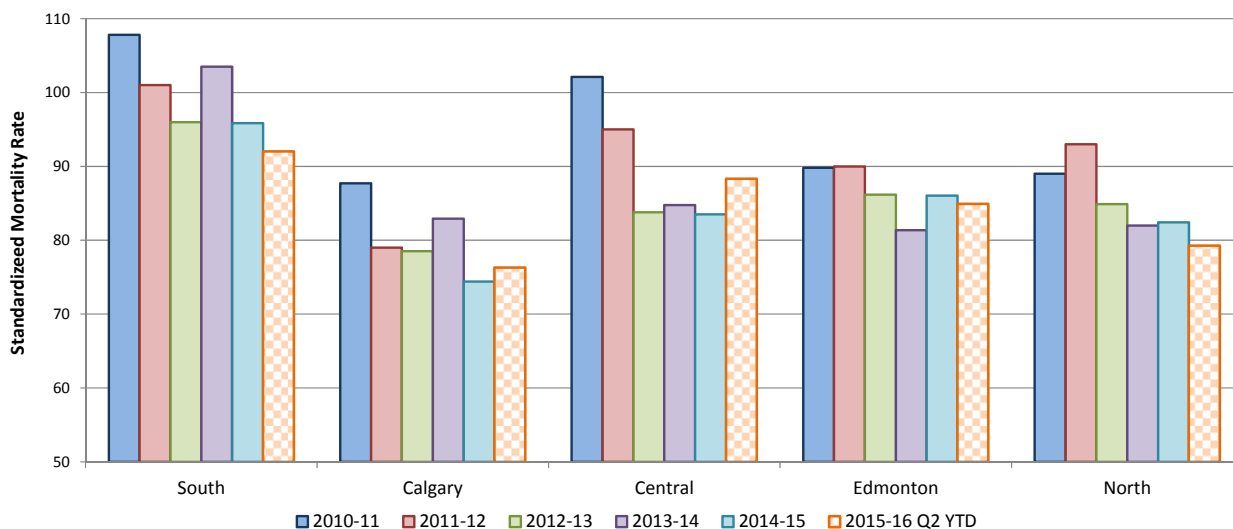
Understanding this Measure

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 Standardized Mortality Rate - Annual



Hospital Standardized Mortality Rate - By Zone



Hospital Mortality – Actions

<p>Provincial/ Strategic Clinical Network (SCN)</p>	<ul style="list-style-type: none"> • Complete and sustain Medication Reconciliation (MedRec) upon admission, transfer and discharge in acute care, ambulatory care and home care. • Monitor Venous thromboembolism (VTE). • Implementation of National Surgical Quality Improvement Program (NSQIP)/ Trauma Quality Improvement Program (TQIP) to improve surgical and trauma care (1 NSQIP site/Zone; 3 TQIP sites).
<p>South</p>	<ul style="list-style-type: none"> • Ongoing collaboration with public health programs, and infection, prevention and control to further integrate surveillance processes. • Surgical pre-op antibiotic prophylaxis was compared to AHS surgical prophylaxis. Taking steps to have the non-compliant prophylaxis practices changed. • Initiated work on antimicrobial stewardship including development of a committee, communications plan and holding education sessions.
<p>Calgary</p>	<ul style="list-style-type: none"> • ED identifying patients on whom MedRec is required and implementing process. • Foothills Medical Centre Transition Units are participating in the Provincial Falls Collaborative; measurement and prevention strategies are in development.
<p>Central</p>	<ul style="list-style-type: none"> • Acute Care and ED implementation of Falls Risk Management program is ongoing. • Processes and Education for MedRec, at transfer and discharge for Ambulatory Care, and Home Care are in the implementation phase. • Continued rollout of VTE best practice guidelines; assessment of audit results occurring to drive continuous improvement.
<p>Edmonton</p>	<ul style="list-style-type: none"> • Work continues to implement standardized pressure ulcer prevention protocol. Completed limited roll-out to units within medicine, emergency and surgical programs. • Implementation of standardized falls prevention protocol continued.
<p>North</p>	<ul style="list-style-type: none"> • Roll-out of CDI pre-print orders continues throughout the zone with roll-out targets being met. • Monitoring of <i>c. difficile</i> rates continues throughout zone.

IN SUMMARY

Q1 year-to-date provincially and four zones are at or above target for 2015-16.

Quarterly reported data helps to show hospitals how their HSMR has changed, where they have made progress, and where they can continue to improve.

Trending HSMR results for several years has proven very useful: stable reporting year after year helps show how our HSMR has changed in relation to our quality improvement efforts – where we've made progress and where we can continue to improve.

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.

Hospital Standardized Mortality Rate	2012-13	2013-14	2014-15	Q2 YTD		Trend *	2015-16 Target
				2014-15 Last Year	2015-16 Current		
Provincial	84	84	82	79	83	↓	84
South Zone Total	96	103	96	91	92	↓	91
Chinook Regional Hospital	90	110	95	95	88	↑	89
Medicine Hat Regional Hospital	115	104	98	84	98	↓	105
All Other Hospitals	84	91	96	92	94	↓	85
Calgary Zone Total	79	83	74	72	76	↓	79
Foothills Medical Centre	79	86	81	78	83	↓	79
Peter Lougheed Centre	77	77	73	76	70	↑	77
Rockyview General Hospital	78	81	66	56	69	↓	79
South Health Campus	N/A	78	66	71	65	↑	79
All Other Hospitals	86	92	83	79	94	↓	81
Central Zone Total	84	85	84	84	88	↓	84
Red Deer Regional Hospital Centre	90	90	85	84	86	↓	88
All Other Hospitals	81	82	83	84	90	↓	81
Edmonton Zone Total	86	81	86	82	85	↓	85
Grey Nuns Community Hospital	83	78	82	81	81	→	83
Misericordia Community Hospital	89	77	96	91	85	↑	88
Royal Alexandra Hospital	82	82	87	84	89	↓	83
Sturgeon Community Hospital	89	84	71	72	87	↓	88
University of Alberta Hospital	90	83	88	80	86	↓	88
All Other Hospitals	84	77	83	78	72	↑	84
North Zone Total	85	82	82	79	79	→	83
Northern Lights Regional Health Centre	56	65	38	N/A	N/A	N/A	56
Queen Elizabeth II Hospital	102	76	83	86	73	↑	96
All Other Hospitals	83	85	86	82	80	↑	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: ↑ Improvement → Stability ↓ Area requires additional focus

Eligible Cases	2012-13	2013-14	2014-15	Q2 YTD	
				2014-15 Last Year	2015-16 Current
Provincial	94,888	97,087	99,914	49,584	49,699
South Zone	8,000	7,981	8,167	4,019	3,943
Calgary Zone	31,310	32,188	33,298	16,375	16,532
Central Zone	12,428	12,294	12,828	6,229	6,281
Edmonton Zone	32,745	34,266	34,959	17,563	17,758
North Zone	10,405	10,358	10,662	5,398	5,185