

Hospital Mortality

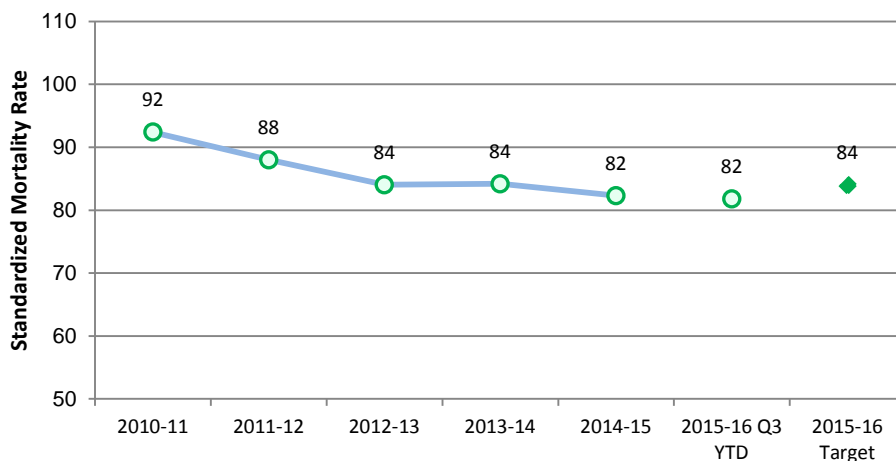
Measure Definition

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. 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.

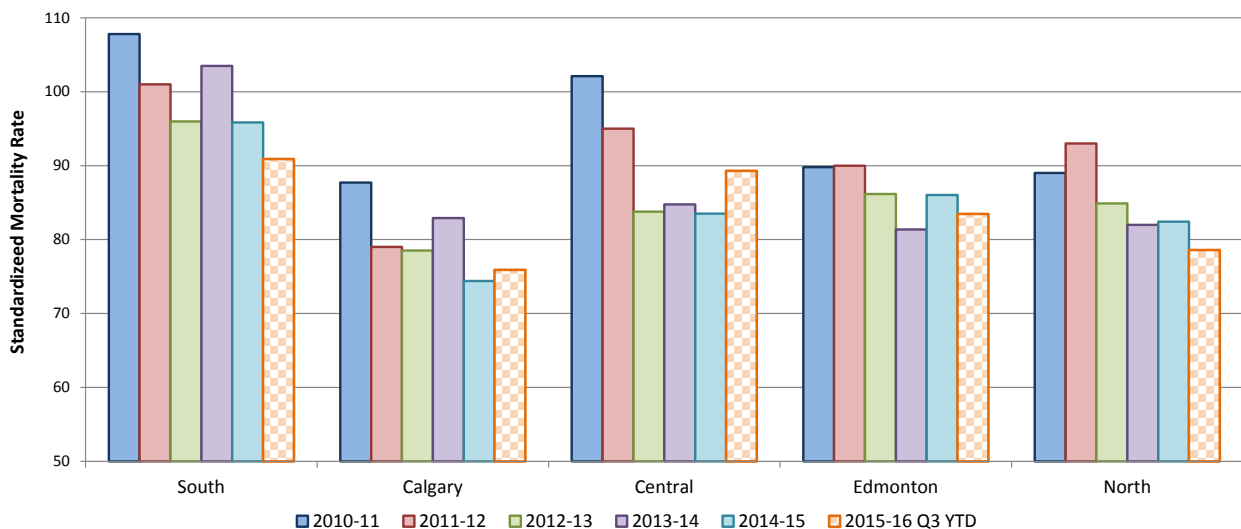
Hospital Standardized Mortality Rate - Annual



How Do We Compare?

Alberta ranked 2nd best nationally out of 10 provinces. Alberta is performing better than the national rate.

Hospital Standardized Mortality Rate - By Zone



Hospital Mortality – Actions

Provincial/ Strategic Clinical Network (SCN)	<ul style="list-style-type: none"> • AHS introduced the Line and Tubing Verification Policy as well as the High Alert Medications guidelines to avoid errors and improve patient safety. • 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 / Trauma Quality Improvement Program (NSQIP/TQIP) to improve surgical and trauma care (one NSQIP site; three TQIP sites).
South	<ul style="list-style-type: none"> • Ongoing collaboration with public health programs, and Infection, Prevention and Control to further integrate surveillance processes. • Ongoing implementation of falls strategies at the Crowsnest Pass site (acute and long-term care). • Implemented a new Required Organizational Practice (ROP) for MedRec in Perioperative Standards and Invasive Procedures. • Work continues on implementation and evaluation of the Dangerous Abbreviations policy and audit process. • Work ongoing to develop a policy to address High Alert Medication independent double checks.
Calgary	<ul style="list-style-type: none"> • Emergency Department (ED) identifying patients on whom MedRec is required and implementing process. • Foothills Medical Centre Transition Units are participating in the Provincial Falls Collaborative; developing measurement and prevention strategies.
Central	<ul style="list-style-type: none"> • MedRec implementation of transfer / discharge is in progress with current work in the EDs for high risk patients. Initiated a pilot project to inform next providers of high risk medication changes at Two Hills. Implementing processes and education for ambulatory care and home care. • Use of Rapid Access Team from the intensive care unit to support inpatient units when unstable, decompensating patients are identified at Red Deer Regional Hospital Centre. • Implementation of the Falls Risk Management program in acute care and EDs with a focus on integration and use of data systems to support improvement. • Continued rollout of VTE best practice guidelines and assessment of audit results.
Edmonton	<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. • Completed draft tool for pressure ulcer prevalence measurement. • Continuing implementation of standardized falls prevention protocol.
North	<ul style="list-style-type: none"> • Implemented site-specific action plans to address hospital mortality. • Chart audits initiated for top three sites. Local action plans to be developed following outcome of chart audit.

IN SUMMARY

Q3 year-to-date provincially and four zones are at or above target for 2015-16.

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)**.*

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	Q3 YTD		Trend *	2015-16 Target
				2014-15 Last Year	2015-16 Current		
Provincial	84	84	82	82	82	→	84
South Zone Total	96	103	96	94	91	↑	91
Chinook Regional Hospital	90	110	95	96	93	↑	89
Medicine Hat Regional Hospital	115	104	98	88	90	↓	105
All Other Hospitals	84	91	96	95	89	↑	85
Calgary Zone Total	79	83	74	74	76	↓	79
Foothills Medical Centre	79	86	81	81	80	↑	79
Peter Lougheed Centre	77	77	73	78	75	↑	77
Rockyview General Hospital	78	81	66	61	72	↓	79
South Health Campus	N/A	78	66	69	64	↑	79
All Other Hospitals	86	92	83	82	87	↓	81
Central Zone Total	84	85	84	84	89	↓	84
Red Deer Regional Hospital Centre	90	90	85	88	85	↑	88
All Other Hospitals	81	82	83	82	91	↓	81
Edmonton Zone Total	86	81	86	85	83	↑	85
Grey Nuns Community Hospital	83	78	82	82	79	↑	83
Misericordia Community Hospital	89	77	96	96	78	↑	88
Royal Alexandra Hospital	82	82	87	88	86	↑	83
Sturgeon Community Hospital	89	84	71	70	80	↓	88
University of Alberta Hospital	90	83	88	88	89	↓	88
All Other Hospitals	84	77	83	79	69	↑	84
North Zone Total	85	82	82	81	79	↑	83
Northern Lights Regional Health Centre	56	65	38	40	84	↓	56
Queen Elizabeth II Hospital	102	76	83	82	76	↑	96
All Other Hospitals	83	85	86	84	79	↑	83

N/A – South Health Campus opened February 2013

*Trend: ↑ Improvement → Stability ↓ Area requires additional focus

Eligible Cases	2012-13	2013-14	2014-15	Q3 YTD	
				2014-15 Last Year	2015-16 Current
Provincial	94,888	97,087	99,914	74,826	74,771
South Zone	8,000	7,981	8,167	6,008	5,963
Calgary Zone	31,310	32,188	33,298	24,910	24,953
Central Zone	12,428	12,294	12,828	9,423	9,423
Edmonton Zone	32,745	34,266	34,959	26,386	26,827
North Zone	10,405	10,358	10,662	8,099	7,605