

## Hospital Mortality

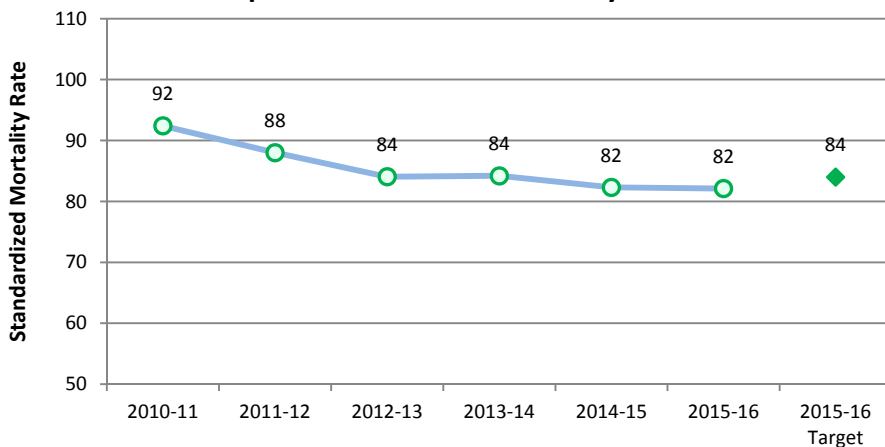
### Measure Definition

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.

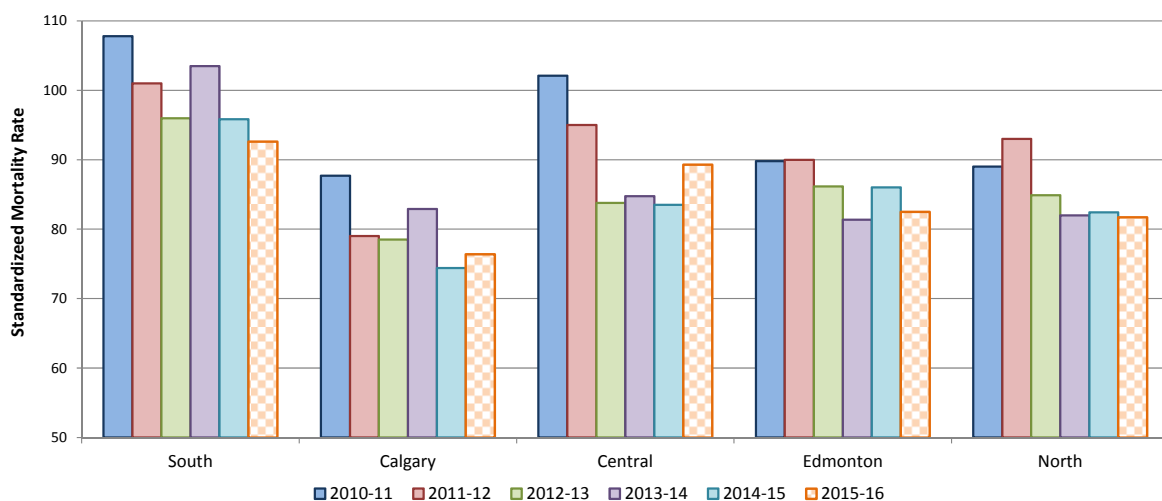
Hospital Standardized Mortality Rate - Annual



### How Do We Compare?

Alberta ranked 3<sup>rd</sup> best nationally out of 10 provinces. Alberta is performing the same as the national rate.

Hospital Standardized Mortality Rate - By Zone



## Hospital Mortality – Actions

<b>Provincial/ Strategic Clinical Network (SCN)</b>	<ul style="list-style-type: none"> <li>Zones continue to complete and sustain Medication Reconciliation upon admission, transfer and discharge in acute care, ambulatory care and home care.</li> <li>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).</li> <li>The Line and Tubing Verification Policy and High Alert Medications guidelines were introduced to avoid errors and improve patient safety.</li> <li>Zones continue to monitor compliance of the safe surgery checklist.</li> <li>Sites have several initiatives underway including implementation of clinical pathways for venous thromboembolism (VTE), falls risk management, compliance of the safe surgery checklist and ongoing audits on use of pathways and tools.</li> <li>AHS is also working on Medication Reconciliation to ensure each patient has a complete and accurate medication list throughout their care journey.</li> </ul>
<b>South</b>	<ul style="list-style-type: none"> <li>Ongoing rollout of auditing of MedRec to operations.</li> <li>Completed rollout of MedRec education posters and discharge prescription tool.</li> <li>Work initiated on establishing Falls Risk Management Strategy.</li> <li>High Alert Medication annual audit strategy in development.</li> </ul>
<b>Calgary</b>	<ul style="list-style-type: none"> <li>Emergency Department (ED) identifying patients on whom MedRec is required and implementing process.</li> <li>Foothills Medical Centre Transition Units are participating in the Provincial Falls Collaborative; developing measurement and prevention strategies.</li> <li>Work continues on increasing inpatient compliance and implementing MedRec at transfer and discharge at the Alberta Children’s Hospital.</li> </ul>
<b>Central</b>	<ul style="list-style-type: none"> <li>MedRec implementation of transfer / discharge occurred in the EDs for high risk patients. A pilot project to inform next providers of high risk medication changes occurred at Two Hills. Implemented MedRec processes and education for ambulatory care and home care.</li> <li>Rapid Access Team from the intensive care unit were used to support inpatient units when unstable, decompensating patients were identified at Red Deer Regional Hospital Centre (RDRHC).</li> <li>The Falls Risk Management program implemented in acute care and EDs.</li> <li>Venous thromboembolism best practice guidelines and assessment of audit results implemented at RDRHC.</li> </ul>
<b>Edmonton</b>	<ul style="list-style-type: none"> <li>Work continues to implement standardized pressure ulcer prevention protocol. Completed limited roll-out to units within medicine, emergency and surgical programs.</li> <li>Completed draft tool for pressure ulcer prevalence measurement.</li> <li>Developed plan to implement standardized falls prevention protocol.</li> </ul>
<b>North</b>	<ul style="list-style-type: none"> <li>Implemented site-specific action plans to address hospital mortality.</li> <li>Chart audits initiated for top three sites. Local action plans to be developed following outcome of chart audit.</li> </ul>

### IN SUMMARY

The Q4 provincial results remained stable from last year. Provincially and three zones are performing at or above the 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.

## 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	Q4 YTD		Trend *	2015-16 Target
				2014-15 Last Year	2015-16 Current		
<b>Provincial</b>	<b>84</b>	<b>84</b>	<b>82</b>	<b>82</b>	<b>82</b>	→	<b>84</b>
<b>South Zone Total</b>	<b>96</b>	<b>103</b>	<b>96</b>	<b>96</b>	<b>93</b>	↑	<b>91</b>
Chinook Regional Hospital	90	110	95	95	94	↑	89
Medicine Hat Regional Hospital	115	104	98	98	99	↓	105
All Other Hospitals	84	91	96	96	84	↑	85
<b>Calgary Zone Total</b>	<b>79</b>	<b>83</b>	<b>74</b>	<b>74</b>	<b>76</b>	↓	<b>79</b>
Foothills Medical Centre	79	86	81	81	82	↓	79
Peter Lougheed Centre	77	77	73	73	75	↓	77
Rockyview General Hospital	78	81	66	66	69	↓	79
South Health Campus	N/A	78	66	66	67	↓	79
All Other Hospitals	86	92	83	83	85	↓	81
<b>Central Zone Total</b>	<b>84</b>	<b>85</b>	<b>84</b>	<b>84</b>	<b>89</b>	↓	<b>84</b>
Red Deer Regional Hospital Centre	90	90	85	85	88	↓	88
All Other Hospitals	81	82	83	83	90	↓	81
<b>Edmonton Zone Total</b>	<b>86</b>	<b>81</b>	<b>86</b>	<b>86</b>	<b>83</b>	↑	<b>85</b>
Grey Nuns Community Hospital	83	78	82	82	77	↑	83
Misericordia Community Hospital	89	77	96	96	79	↑	88
Royal Alexandra Hospital	82	82	87	87	82	↑	83
Sturgeon Community Hospital	89	84	71	71	81	↓	88
University of Alberta Hospital	90	83	88	88	90	↓	88
All Other Hospitals	84	77	83	83	70	↑	84
<b>North Zone Total</b>	<b>85</b>	<b>82</b>	<b>82</b>	<b>82</b>	<b>82</b>	→	<b>83</b>
Northern Lights Regional Health Centre	56	65	38	38	81	↓	56
Queen Elizabeth II Hospital	102	76	83	83	87	↓	96
All Other Hospitals	83	85	86	86	80	↑	83

N/A – South Health Campus opened February 2013

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

Eligible Cases	2012-13	2013-14	2014-15	Q4 YTD	
				2014-15 Last Year	2015-16 Current
<b>Provincial</b>	<b>94,888</b>	<b>97,087</b>	<b>99,914</b>	<b>99,914</b>	<b>101,269</b>
South Zone	8,000	7,981	8,167	8,167	8,021
Calgary Zone	31,310	32,188	33,298	33,298	34,013
Central Zone	12,428	12,294	12,828	12,828	12,718
Edmonton Zone	32,745	34,266	34,959	34,959	36,118
North Zone	10,405	10,358	10,662	10,662	10,399