

Hospital Mortality

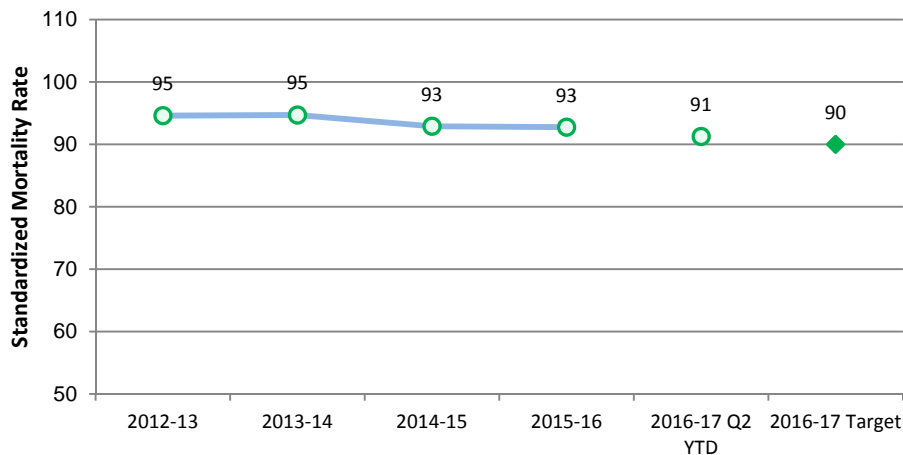
Measure Definition

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.

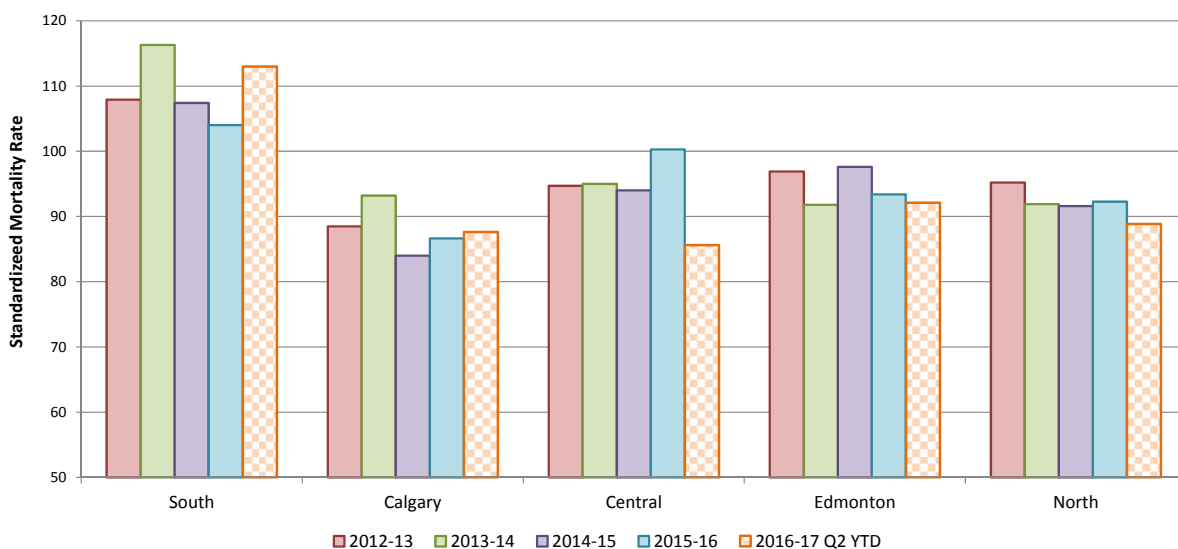
Hospital Standardized Mortality Rate - Annual



How Do We Compare?

Alberta ranked 5th nationally out of 9 provinces. Alberta is performing the same as the national rate in 2015-16.

Hospital Standardized Mortality Rate - By Zone



Hospital Mortality

ACTIONS

Zones have implemented several strategies proven to reduce mortality, including, but not limited to, multidisciplinary rounds, Rapid Response Teams, and the Ventilator Bundle (a group of interventions designed to improve care of patients on ventilators). Use of these strategies reduces the number of “code calls” — that is, “code blue,” cardiopulmonary arrest — per thousand discharges and the incidence of ventilator-associated pneumonia. Mortality can be consistently reduced through the use of a combination of evidence-based interventions.

Zones conduct pressure ulcer assessments on admission and re-assessments at regular intervals, provide education to clients and families, and evaluate and use results to make improvements.

Zones are implementing infection, prevention and control and hand hygiene initiatives to reduce *Clostridium difficile* infections (CDI) and other infection rates.

Strategic Clinical Networks are implementing National Surgical Quality Improvement Program / Trauma Quality Improvement Program (NSQIP/TQIP) to improve surgical and trauma care.

The Fragility & Stability Program, Hip Fracture Acute Care Pathway is an initiative that is reducing Hospital Mortality in orthopedics – e.g., getting patients to the operating room within 48 hours significantly reduces postoperative mortality.

SUMMARY

Central Zone achieved target in Q2 YTD 2016-17. Provincially, Edmonton and North Zones are performing better than the same period as last year.

South Zone deterioration can be explained by the significant variance from quarter to quarter in our smaller zones due to the low number of cases. The team will be reviewing all relevant cases to determine cause and develop an action plan to address this.

It was noted that the Peter Lougheed Centre in Calgary showed deterioration in Q2 YTD results. This was due to fluctuations in numbers of deaths but because the number is a ratio relative to national mortality of similar patients, any number below 100 is considered less than expected.

DID YOU KNOW

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.

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.

AHS has training on pressure ulcer prevention, assessment and treatment teams in all settings (hospital, long term care, designated supportive living, and home living) and specialized teams available to help staff.

Hospital Mortality

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	2013-14	2014-15	2015-16	Q2 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
Trend: ★ Achieved Target, ✓ Stable or better than prior period, × Area requires additional focus							
Provincial	95	93	93	93	91	✓	90
South Zone Total	116	107	104	103	113	×	102
Chinook Regional Hospital	123	106	106	99	120	×	97
Medicine Hat Regional Hospital	118	109	111	110	114	×	105
All Other Hospitals	104	110	94	101	98	★	105
Calgary Zone Total	93	84	87	87	88	×	78
Foothills Medical Centre	97	92	94	95	97	×	80
Peter Lougheed Centre	86	83	84	79	93	×	80
Rockyview General Hospital	91	74	78	78	75	✓	74
South Health Campus	N/A	74	75	72	66	★	74
All Other Hospitals	102	93	91	100	92	✓	85
Central Zone Total	95	94	100	101	86	★	90
Red Deer Regional Hospital Centre	100	96	99	97	78	★	93
All Other Hospitals	92	93	101	102	90	✓	89
Edmonton Zone Total	92	98	93	95	92	✓	91
Grey Nuns Community Hospital	90	94	87	92	86	★	88
Misericordia Community Hospital	89	108	90	94	96	×	95
Royal Alexandra Hospital	92	98	92	100	94	✓	92
Sturgeon Community Hospital	94	81	91	97	86	✓	79
University of Alberta Hospital	94	101	102	97	97	✓	94
All Other Hospitals	82	86	76	77	67	★	87
North Zone Total	92	92	92	90	89	✓	88
Northern Lights Regional Health Centre	72	40	88	93	82	★	85
Queen Elizabeth II Hospital	83	93	98	83	92	★	93
All Other Hospitals	96	96	91	91	89	✓	88

N/A: No results available - South Health Campus opened February 2013.

Eligible Cases	2013-14	2014-15	2015-16	Q2 YTD	
				2015-16 Last Year	2016-17 Current
Provincial	99,583	102,378	103,537	50,887	51,131
South Zone	8,154	8,321	8,148	4,008	4,126
Calgary Zone	32,933	34,027	34,624	16,862	16,950
Central Zone	12,400	12,945	12,848	6,344	6,368
Edmonton Zone	35,407	36,086	37,250	18,337	18,508
North Zone	10,689	10,999	10,667	5,336	5,179