

## Hospital Mortality

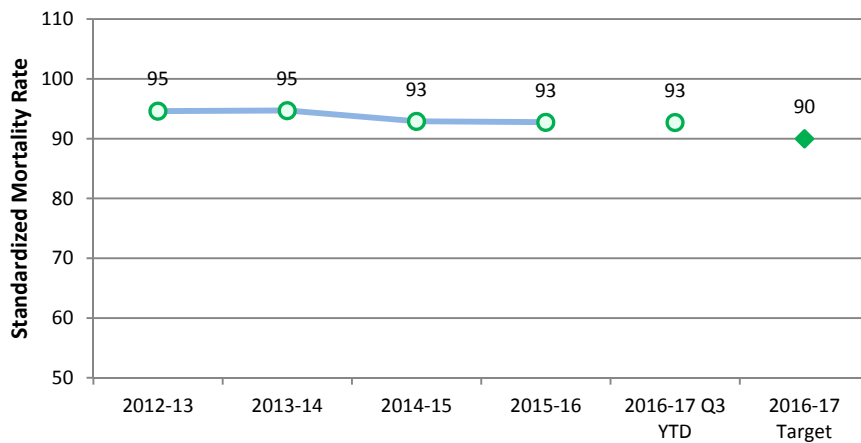
### Measure Definition

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.

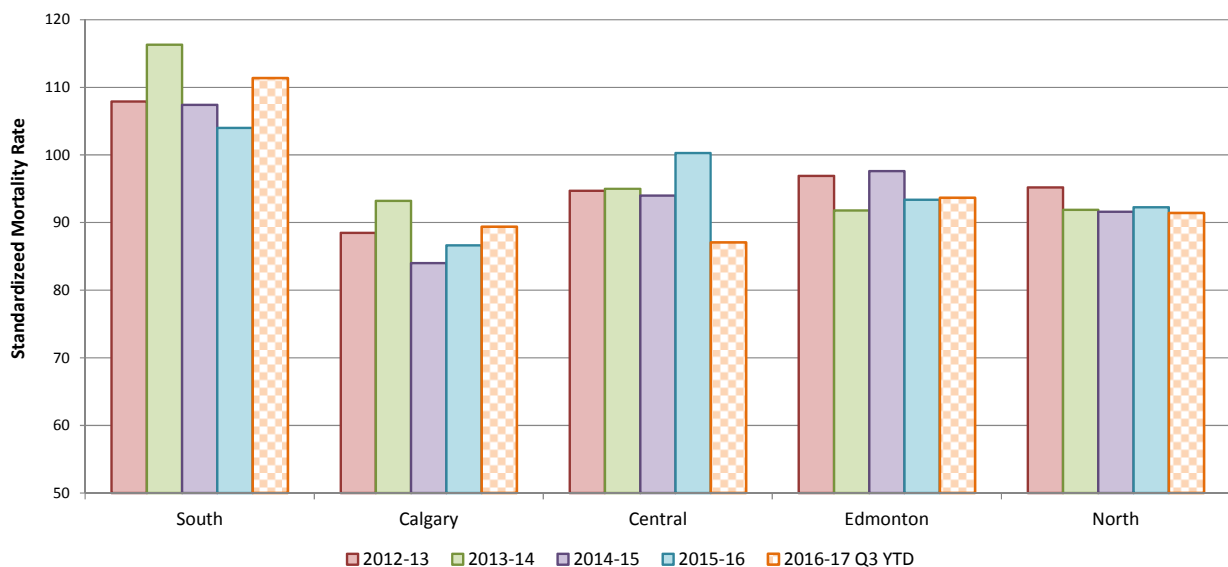
**Hospital Standardized Mortality Rate - Annual**



### How Do We Compare?

Alberta ranked 5<sup>th</sup> 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

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.

This measure shows high sensitivity to variation in number of deaths from quarter to quarter. Working on understanding root cause if present with cases.

Central Zone met target again for Q3 YTD, and Edmonton Zone is performing better than the same period as last year. Provincially and three zones remain stable.

### 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.

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

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Hospital Standardized Mortality Rate	2013-14	2014-15	2015-16	Q3 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
Trend: ★ Achieved Target, ✓ better or ⇔ stable than prior period*, ✗ Area requires additional focus							
<b>Provincial</b>	<b>95</b>	<b>93</b>	<b>93</b>	<b>92</b>	<b>93</b>	⇔	<b>90</b>
<b>South Zone Total</b>	<b>116</b>	<b>107</b>	<b>104</b>	<b>102</b>	<b>111</b>	✗	<b>102</b>
Chinook Regional Hospital	123	106	106	104	116	✗	97
Medicine Hat Regional Hospital	118	109	111	101	118	✗	105
All Other Hospitals	104	110	94	99	95	★	105
<b>Calgary Zone Total</b>	<b>93</b>	<b>84</b>	<b>87</b>	<b>86</b>	<b>89</b>	⇔	<b>78</b>
Foothills Medical Centre	97	92	94	91	93	⇔	80
Peter Lougheed Centre	86	83	84	85	97	✗	80
Rockyview General Hospital	91	74	78	81	84	⇔	74
South Health Campus	N/A	74	75	72	68	★	74
All Other Hospitals	102	93	91	94	102	✗	85
<b>Central Zone Total</b>	<b>95</b>	<b>94</b>	<b>100</b>	<b>101</b>	<b>87</b>	★	<b>90</b>
Red Deer Regional Hospital Centre	100	96	99	96	80	★	93
All Other Hospitals	92	93	101	103	91	✓	89
<b>Edmonton Zone Total</b>	<b>92</b>	<b>98</b>	<b>93</b>	<b>94</b>	<b>94</b>	✓	<b>91</b>
Grey Nuns Community Hospital	90	94	87	88	88	★	88
Misericordia Community Hospital	89	108	90	87	96	✗	95
Royal Alexandra Hospital	92	98	92	97	94	✓	92
Sturgeon Community Hospital	94	81	91	90	89	✓	79
University of Alberta Hospital	94	101	102	101	99	✓	94
All Other Hospitals	82	86	76	75	73	★	87
<b>North Zone Total</b>	<b>92</b>	<b>92</b>	<b>92</b>	<b>89</b>	<b>91</b>	⇔	<b>88</b>
Northern Lights Regional Health Centre	72	40	88	92	55	★	85
Queen Elizabeth II Hospital	83	93	98	86	95	✗	93
All Other Hospitals	96	96	91	90	93	⇔	88

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

\* "Stable" trend indicates when current period performance (Q3 year-to-date) is within 5% from the same time period as last year.

Eligible Cases	2013-14	2014-15	2015-16	Q3 YTD	
				2015-16 Last Year	2016-17 Current
<b>Provincial</b>	<b>99,583</b>	<b>102,378</b>	<b>103,537</b>	<b>76,526</b>	<b>77,241</b>
South Zone	8,154	8,321	8,148	6,053	6,250
Calgary Zone	32,933	34,027	34,624	25,430	25,714
Central Zone	12,400	12,945	12,848	9,544	9,646
Edmonton Zone	35,407	36,086	37,250	27,685	27,835
North Zone	10,689	10,999	10,667	7,814	7,796