

MORTALITY REDUCTION

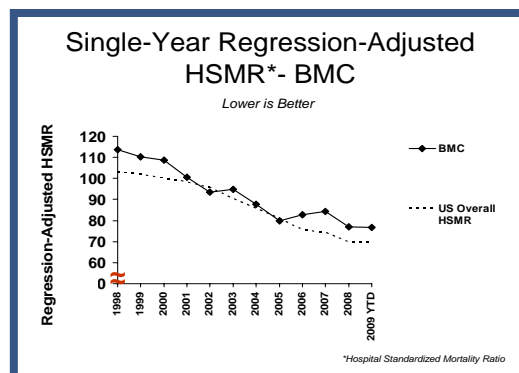
Where we've been...

A hospital's risk-adjusted mortality rate can serve as an important quality indicator, and is an essential starting point on the journey to improve and reduce mortality. The most accurate mortality rates are those reported as hospital standardized mortality ratios (HSMR). HSMRs are calculated as the ratio of actual deaths to the number of expected deaths, multiplied by 100.

In 2006, as part of Baystate Medical Center's continued partnership in the IHI's IMPACT Improvement Community for "Improving Outcomes for High-Risk and Critically Ill Patients," we began our work on reducing mortality. After conducting a baseline analysis on avoidable deaths, clinical areas were identified for improvement. Using the change process and rapid cycle methods, interventions were put in place or are in the process of being finalized for implementation. Those include reductions and prevention of central line-related bloodstream infections, ventilator-associated pneumonia and surgical complications, implementing the Early Warning System (EWS/PEWS), staff and family activated Rapid Response Teams (Adult and Pediatric), screening for early sepsis, providing tighter glycemic control hospital-wide, adopting a standardized communication tool (SBAR), and using our clinical information system to identify clinical deterioration earlier in the course of care. We reviewed preexisting areas' compliance with evidence-based practice (many are part of the "100,000 Lives/5 Million Lives From Harm" Campaigns), and put interventions in place to strengthen and increase adherence. Additionally, increases in patient-centered multidisciplinary teamwork and communication helped to clarify end-of-life decisions earlier so the plan of care can be effectively transitioned from curative to palliative in a streamlined manner.

Where we are now...

BAYSTATE MEDICAL CENTER BMC has seen an overall reduction in hospital mortality since the late 1990s, outpacing the reduction in the United States as a result of global changes in medical care. Mortality reduction remains a focus area which was endorsed when BMC joined IHI's IMPACT Improvement Community for "Improving Outcomes for High-Risk and Critically Ill Patients," and continues to be highlighted through the QUEST project.



MORTALITY REDUCTION

BAYSTATE MARY LANE HOSPITAL BMLH has seen an overall reduction in hospital mortality since 2000 as a result of global changes in medical care. In 2007, mortality reduction became a focus area when BMLH joined BMC by participating in a BH system-wide improvement collaborative to improve outcomes for high-risk and critically ill patients, based on work done previously with IHI. When observed and expected mortality increased, a mortality review was triggered which included a status check on compliance to prevention strategy adherence. The reviews have documented excellent compliance and no missed opportunities to prevent deaths.

BAYSTATE FRANKLIN MEDICAL CENTER BFMC has seen an overall reduction in hospital mortality since the early 2000s as a result of global changes in medical care. Mortality reduction became a focus area in 2007 when BFMC joined BMC by participating in a BH system-wide improvement collaborative to improve outcomes for high-risk and critically ill patients, based on work done previously with IHI. While expected mortality has flattened, observed mortality has increased. This increase resulted in a mortality review which has not identified any patterns or trends in care, but an increase in palliative care being performed at BFMC. Close monitoring of mortality over the next year will ensure this receives attention and intervention as needed.

Where we are going...

Ongoing emphasis on providing individualized, defect-free patient care, *the right care to the right patient at the right time the first time*, will continue to help decrease our hospital mortality.