

Learning Objectives

- Discuss the rationale and importance of a team-based approach to reducing mortality index.
- Explain the importance of identifying highly weighted risk variables specific to the trauma service line in order to focus clinical documentation improvement and coding work.
- Outline the role of the Quality Improvement team in mortality analysis to identify opportunities for improvement and clinical engagement.

Background

- We are a quaternary care facility serving a large urban and rural area near the Mexico border with high trauma volume.
- Our organization has embarked on a 3-year strategic plan to reduce our Vizient mortality index.
- Utilizing the Clinical Outcomes Report (COR), the Trauma service line was identified as one of our top opportunities for improvement.

Intervention

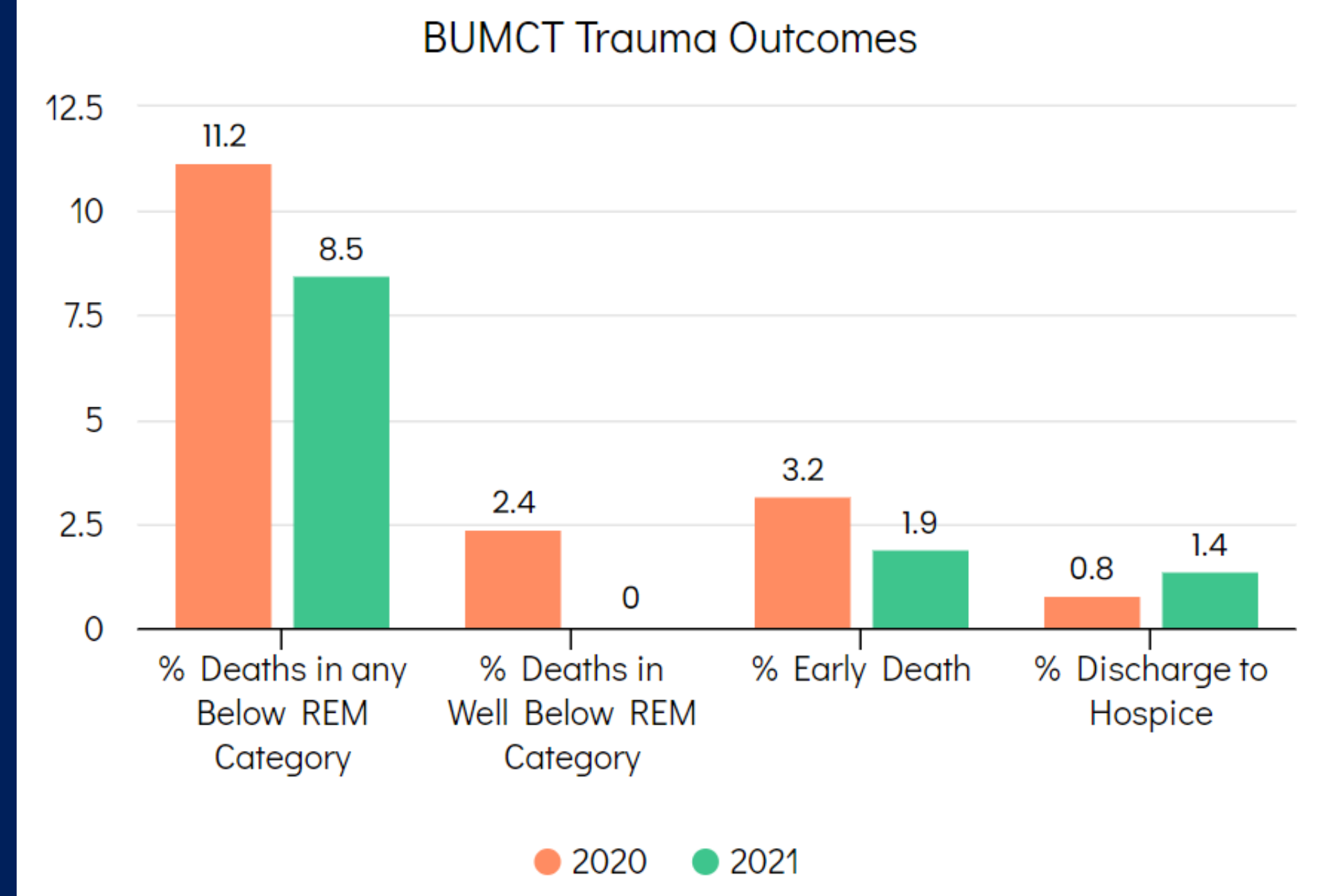
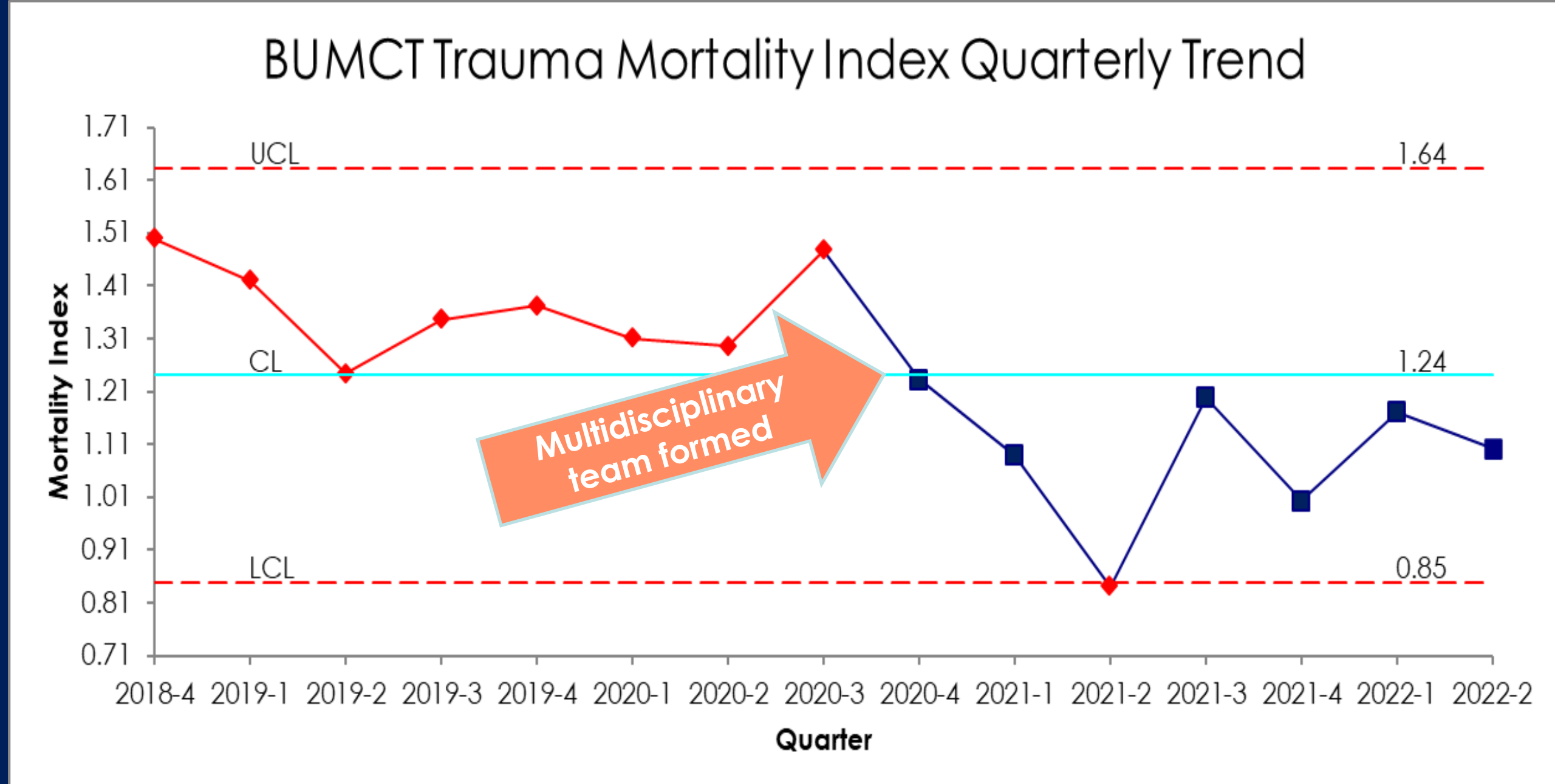
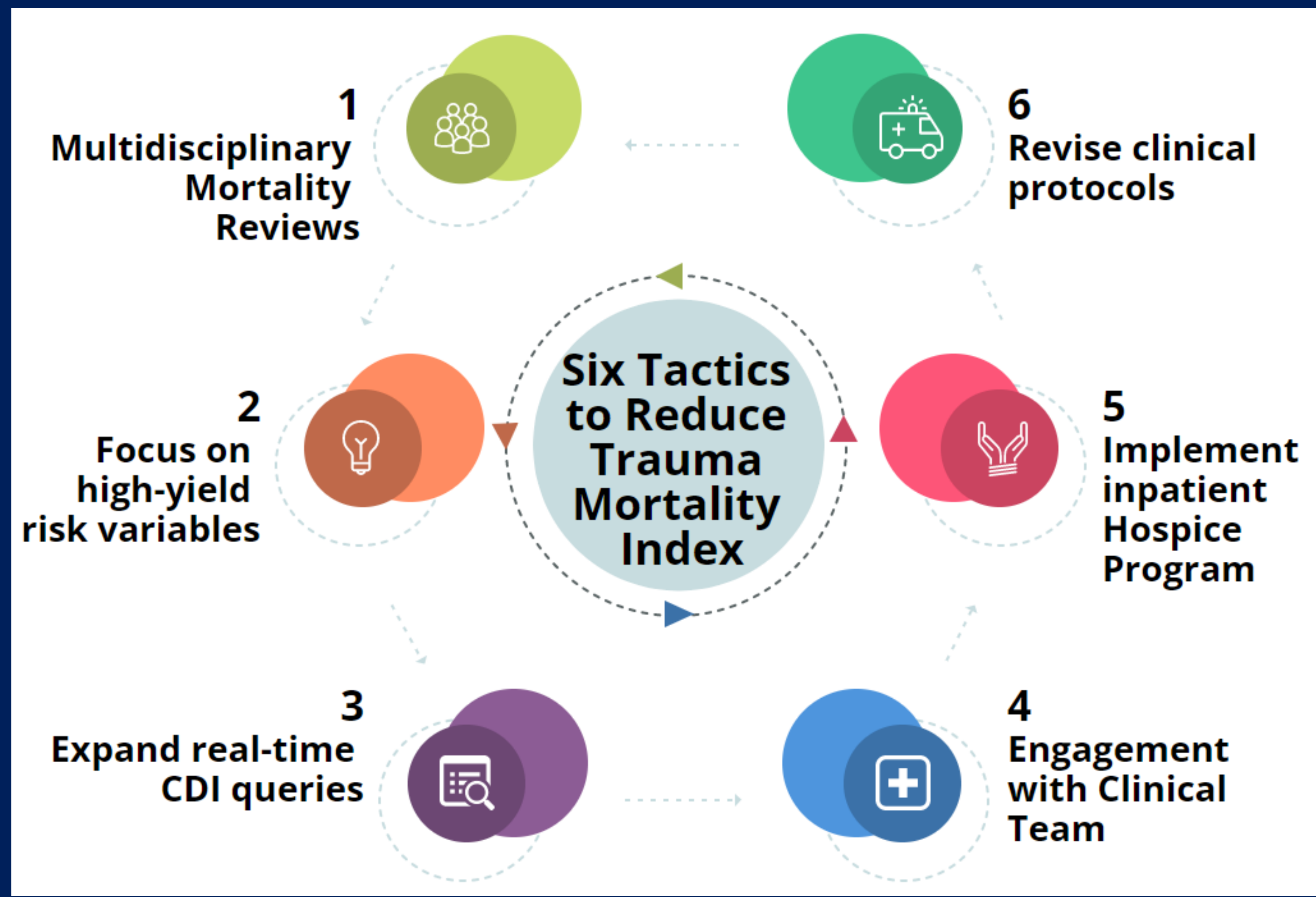
- Implement a team approach to reduce mortality index at a high-volume Trauma 1 facility using data from a clinical database to quantify opportunity in both observed and expected mortality.
- We identified 3 key levers to improve our Trauma mortality index: 1) Documentation/Coding; 2) End-of-Life Care; 3) Clinical Care Delivery.

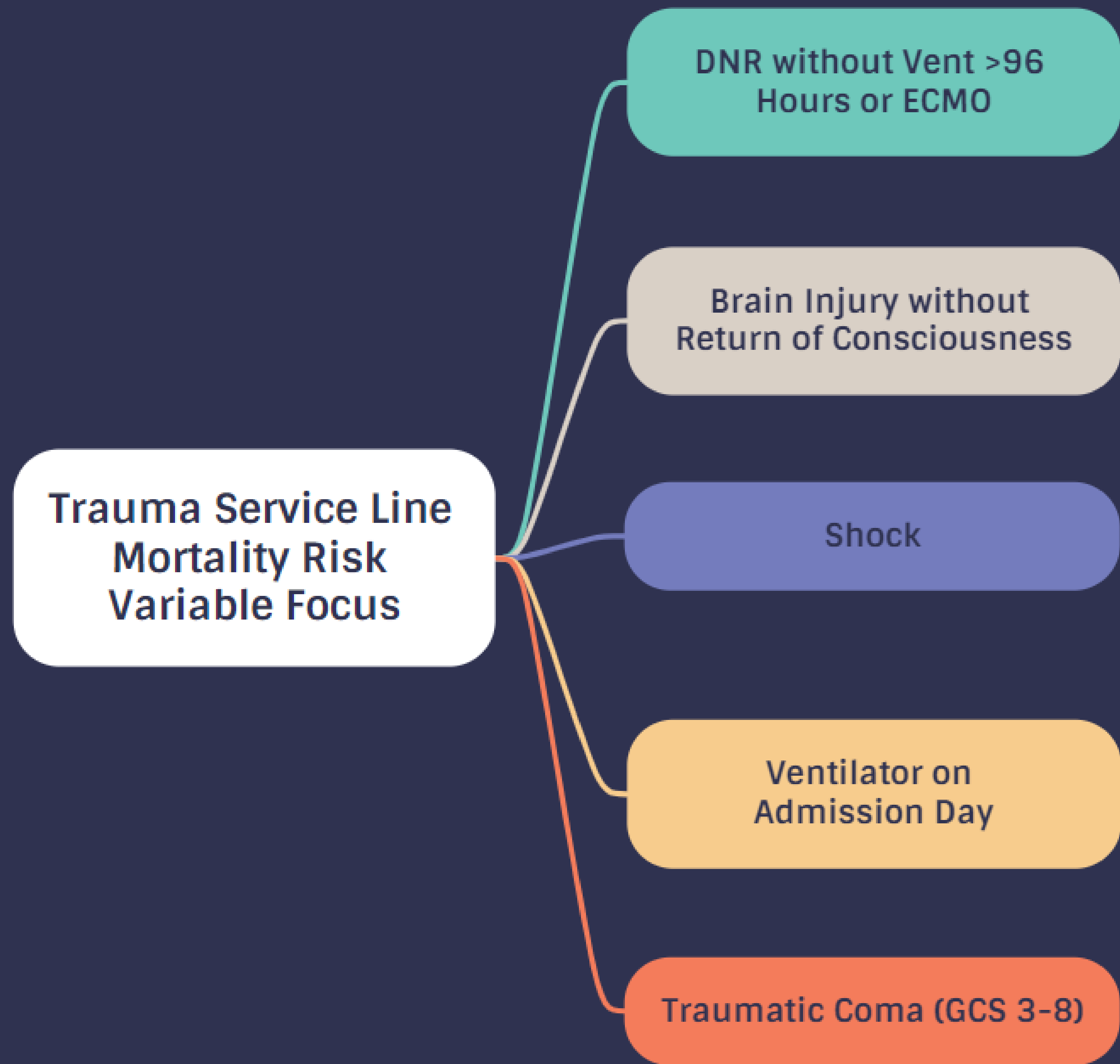
Key Takeaways

- Multidisciplinary collaboration is essential to reduce observed mortality and increase expected mortality, with focus on open, non-judgmental team discussion.
- Bridging the gap between clinical care and coding requires a shared language.
- Emphasis on capturing clinical conditions as present at the time of admission focuses provider documentation.
- Importance of escalation process and timeline for unanswered CDI queries utilizing the Trauma Medical Dir.
- Providing a full spectrum of clinical care, including end-of-life options, is vital to patient-focused care.

Contact Information

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Most Frequent Mortality Risk Variables

- Traumatic Coma (GCS 3-8)
- Shock
- Hypotension
- Ventilator on Admission Day
- DNR without Vent >96 Hours or ECMO
- Coagulation Defect
- Cachexia
- Cardiac Arrhythmia
- Chronic Kidney Disease
- Brain Injury without Return of Consciousness

Highest Weighted Mortality Risk Variables

- DNR without Vent >96 Hours or ECMO
- Brain Injury without Return of Consciousness
- Shock
- Ventilator on Admission Day
- Traumatic Coma (GCS 3-8)
- Cachexia
- Respiratory Failure
- Liver Failure
- Traumatic Cerebral Edema with Return of Consciousness
- Blood Loss Anemia

Expected Mortality Trends

