Improving Mortality Rates: Cultivating Connections to Understand Key Drivers

Susan Nguyen, RN, MSN Senior Quality Specialist; **Madeline Chicas, MHA,** Quality Analyst; **Mary C. Sullivan, RN, MS, CNS,** Sepsis Project Manager
UCSF Health Department of Quality and Patient Safety, Adult Quality Improvement Division

Learning Objectives

- Explain successful strategies to identify potentially preventable deaths within your institution (e.g., frontline provider perspectives, incident reports, etc.).
- Identify methods to display mortality data and case review findings that allow for meaningful multidisciplinary review.

Significance and Background

Background:

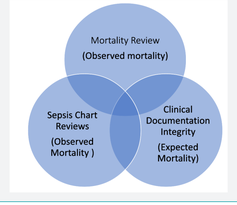
- UCSF senior leadership set aspirational goals of achieving top decile for Group A (Q+A group + others) in mortality O/E (observed over expected) performance.
- An initial attempt was made to gather representatives from mortality-focused work within UCSF and report out on themes monthly, however, this was found to be too infrequent and high-level.

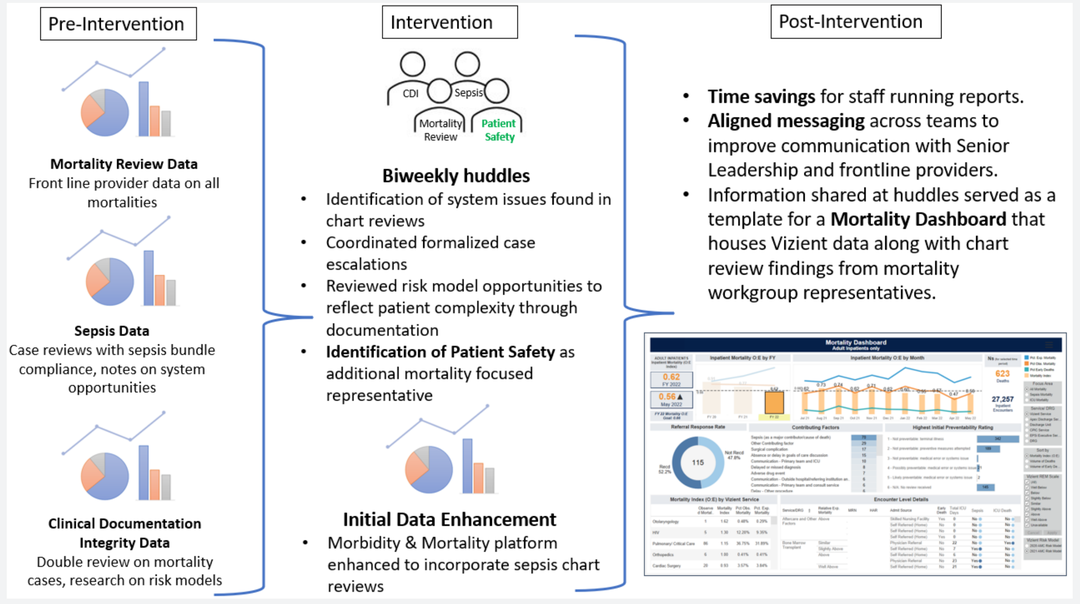
Problems/Issues:

- Opportunities were lost to understand granular details such as frontline perspectives and results of patient level mortality reviews.
- While the risk adjusted, comparative database provided valuable information, most frontline clinicians found it challenging to understand the complexity of the data.

Goal:

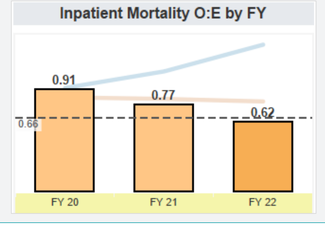
- To create a structure and process that can help answer the question "Are we preventing deaths that are preventable?“

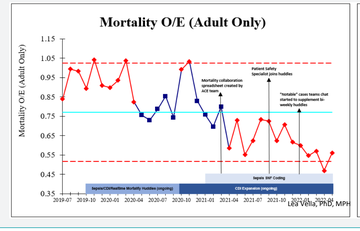


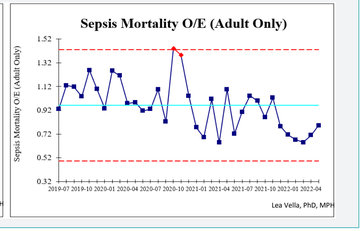


Outcomes

- **Mortality O:E Improvement:** The success of this collaboration has been seen in a consistent reduction in both overall Mortality O:E as well as the Sepsis Mortality O:E over the last three fiscal years.
- **Improved Visibility and Understanding of Mortality Data:** The combination of data and key clinical case review resulted in a common data source that provided valuable insight into the trends and drivers of performance for both observed and expected mortality data points.
- **Actionable Change:** Instituting biweekly huddles amongst the key stakeholders provided the venue to communicate and escalate issues swiftly to senior leadership, resulting in remediation of systems failures.







Key Takeaways

- **Successful Collaboration:** Having CDI, Sepsis Leadership, and Mortality Workgroup all working within the same Department of Quality helped to build connections and reduce duplication of work.
- **Efficiency:** Mortality case reviews are completed more efficiently, and frontline providers receive less notifications on the same mortality case.
- **Loop Closure:** Improved workflows surrounding patient case escalations have resulted in the ability to track responses from frontline staff, escalate appropriately, and close the loop on case findings.
- **Enhanced Data:** Later inclusion of Patient Safety Specialists has helped with identification of themes from the Incident Reporting system, RCAs, and ACAs.
- **Prevention:** Work is now shifting so that there is less time focused on mortality review and shifting to a more proactive approach to prevention of events.

**Information related to UCSF's Mortality Review System and Sepsis data process furnished by request*

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Speaker Contact Information:
Susan.Nguyen@ucsf.edu
Madeline.Chicas@ucsf.edu
MaryCook.Sullivan@ucsf.edu

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Mortality Review Data

- Provider perspective
- Preventability rating

Service/ DRG Filter

Users can filter by
- Database-defined service line
- UCSF service line
- DRG

Sepsis Data

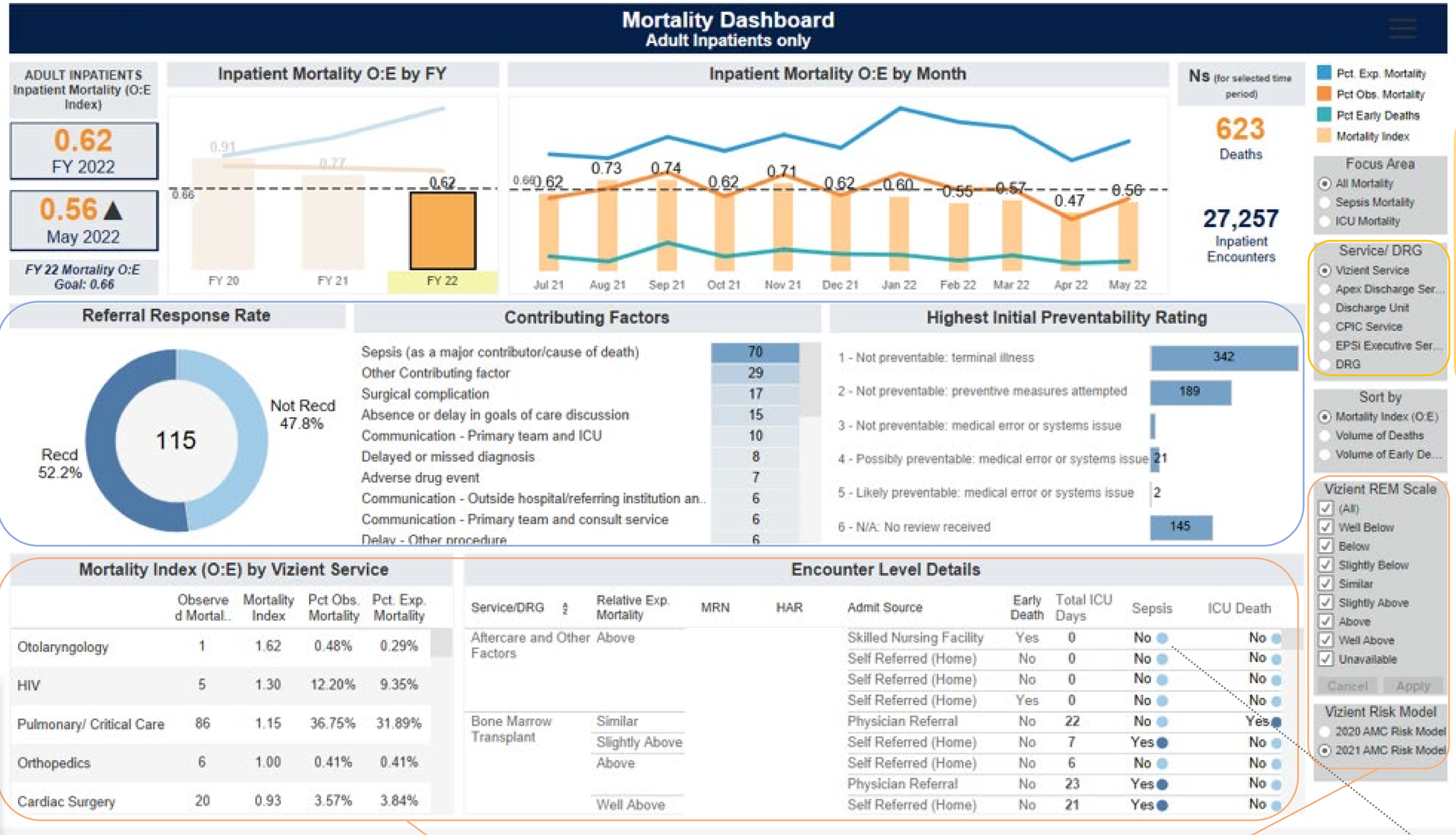
(Visible when utilizing the filters on the right)

Comparative Data

- Mortality Index
- REM
- Risk Model

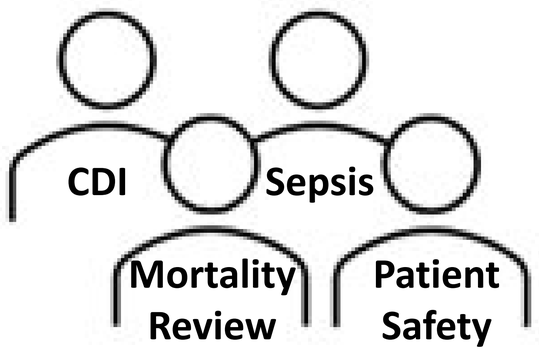
Sepsis Audit

- Bundle compliance
- Detailed case review
- POA status

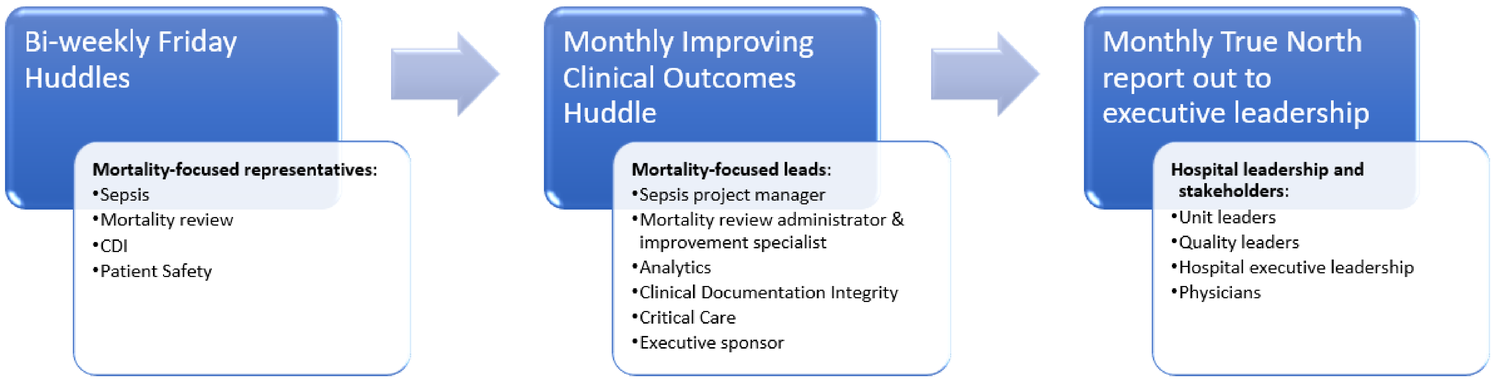


Evolution of Collaboration Huddles and Beyond

- **Bi-weekly huddle**



- **Information sharing**



- **Challenges and Barriers - Data**
  - Defining the UCSF service line
  - Determining which data elements to include on the dashboard
  - Varying metric definitions
  - Identifying who will be utilizing the dashboard and how

- **Lessons learned – Process and Data**
  - For your interdisciplinary mortality-focused workgroup, consider those who work directly *and* indirectly on mortality.
  - Combining data sources from different divisions provided a more robust analysis into opportunities
  - Ensure definitions are consistent between working groups by creating a metric dictionary.

- **Key takeaways – Process and Data**
  - Streamlined processes with mortality representatives limited the number of queries to providers
  - Consider the level of information included on the dashboard (PHI) as this may limit who has access