

LEARNING OBJECTIVES

1. Discuss using a mortality risk calculator to improve mortality review processes organization wide.

2. Describe process efficiencies to engage physicians effectively in the mortality review process.

Background

- Setting: Level 1 Trauma & Safety Net Hospital
- Problem Statement: Mortality O:E varied from 0.95 to 1.36 over 10 months (7/2021 4/2022)
- No process for accurate "expected" mortality capture

Intervention

• Participants: Chief Medical Officer, Vizient CDB Coordinator, Coding Specialists, Patient Safety Specialists, Physician Reviewers

- Development of a Tracker tool
- Development of review process using the tool

Outcomes & Impact

• Six physicians (Hospital Medicine, Surgical Critical Care, Neurology, Infectious Disease) conducted clinical reviews with coding and safety specialists

- Collectively, reviewed 297 cases over 12-month period:
- 24% led to documentation gueries
- Top undocumented risk variables: acute kidney injury,
- thrombocytopenia, cachexia
- 18% included a safety investigation

• Initial period following implementation of review, mortality O:E declined to 0.62, now stabilized within one sigma of 0.82 mean

Lessons Learned

Our process is a replicatable tool that leverages a Mortality Risk Calculator which can be used to engage physicians with a multidisciplinary team in focused mortality reviews leading to improvements in the organization-wide mortality index.

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Development of Tracker Tool

The Tracker is a shared electronic spreadsheet which 1) embeds a Mortality Risk Calculator alongside pre-billing coding data to calculate relative expected mortality and 2) structures multidisciplinary collaboration. It includes visual cues to alert reviewers to significant variation between observed and expected mortality, tags for safety events, and space for identifying necessary follow-up.

DETAIL OF MORTALITY CASE REVIEW TRACKING TOOL

Relative Expected Mortality

Range from Well Above to Well Below; Initial level set by Coder review

Revised Relativ Expected Mortal

Revised level, it applicable, after MD review and documentation are (pre-bill)

Well Below

Well Above

Implemented Review Process





Coders prepare each case by verifying DRG, identifying variables within the risk model present on admission, and entering patientlevel information in the Tracker.





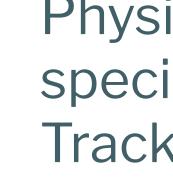
Documentation discrepancies are identified to query; safety events/ practice deviations referred to expert-led committees to address improvement opportunities.

Contacts

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ive ality	Patient Identifiers	Hold or Date Released to Billing	Provider Review Comments	Action Item / Query	MS-DRG Original and Revised (if applicable)	Safety Event: Y/N
, if ter nd re final	Name, Medical Record Number, Encounter Number	Hold for follow-up or review complete and read for release to billing	Case Review Notes/ Questions for Coder	Follow-up items/ Corrections/ Clarifications needed prior to release to billing	MS-DRG utilized to determine which Mortality Risk Model to apply to case	Physician review avoids duplication when addressing safety events
I	Doe, J., 999999, 5555555		Required norepi, query for shock; patient has cirrhosis, query chronic liver disease	Queries sent to Dr. Y for shock & chronic liver disease	374: Digestive Malignancy with MCC	Y



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Physician reviewers and patient safety specialist conduct case reviews using the Tracker to record observations.





Once consensus is achieved within the group, each case is released for billing. The information is maintained within the tracker to identify trends and opportunities.

Acknowledgments







The multidisciplinary team meets to discuss findings, resolve questions, and identify action steps.

