

# SUCCESS IN DRIVING DOWN MORTALITY INDEX

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## Learning Objectives:

- Identify strategies for leveraging data analytics and insights to drive mortality index improvement initiatives.
- Describe the role of interprofessional collaboration in reducing mortality rates and improving patient outcomes.

**Mortality  
Baseline  
FY21 = 1.82**

Rockingham QIOC Goals FY24					
Category	Metric	Performance	Latest Month	Latest 3 Month	FY'24 YTD
Mortality	Adult Mortality Index (Observed/Expected), Vizient Community Model 2023)		<b>0.59 May</b>	<b>0.49</b>	<b>0.63</b>

UNC Rockingham Year-over-Year Comparison												
June 2022 - May 2023						June 2023 - May 2024						
Cases	Deaths (Obs)	% Deaths (Obs)	Deaths (Exp)	% Deaths (Exp)	Mortality Index	Cases	Deaths (Obs)	% Deaths (Obs)	Deaths (Exp)	% Deaths (Exp)	Mortality Index	YoY Change in Index
1797	59	3.3%	50	2.80%	1.18	1759	28	1.6%	46	2.60%	0.61	-0.57

**Mortality  
Index  
FYTD24 = 0.63**

## Background

Mortality index is comprised of a comparison of observed to expected mortality rates. A score of less than 1.0 means more patients survived than predicted based off information from documentation and coding. A score of more than 1.0 means more patients expired than were predicted to. The lower the score the better.

## Methods

We use data provided by our system quality team to populate our mortality index. Our system team conducts pre-bill reviews for exclusions. Our system quality team provided education to our site team on Vizient tools and resources. We utilize many Vizient tools including: “Mortality metrics: index, observed, and expected” comparing our hospital to other community hospitals. From Vizient, we also use “Percentage of total deaths by MS-DRG”, “Relative expected mortality (REM): all cases”, and most recently are somewhat able to predict our performance by evaluating our below, slightly below, and well below Vizient expected mortality for the month.

## Lessons Learned

Concurrent review with nurse chart abstractor and CMO. Utilize clinical documentation improvement suggestions for educational opportunities. Repeated education with hospitalist team with UNC system mortality leader. Dedicated focus by CMO.

## Key Takeaways

- Small, dedicated mortality review team to implement change quickly.
- Concurrent review, offering more real-time follow up with providers.
- Leverage external resources.
- Ask questions until you understand!