Decreasing Mortality Index through Intradisciplinary Collaboration  
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Problem:  
The Institute for Healthcare Improvement’s White Paper series titled Move Your Dot is an analytical tool developed to assist hospitals in understanding hospital mortality rates and reduce harm to patients. In 2006, Schneck Medical Center began implementing initiatives addressed in this White Paper to assess, measure, evaluate and reduce mortality and morbidity. In 2009, a Task Force was developed to further investigate and explore an evidence-based, intradisciplinary approach to reducing the hospital overall mortality index. In 2010, our hospital’s risk adjusted mortality index was 1.30, indicating performance that was worse than expected.

Evidence:  
Monthly audit and review of all hospital mortality charts identified evidence for the implementation of a system-wide approach to addressing factors contributing to the hospital’s overall mortality rate. Many factors were identified as contributors to influencing this measure.

Strategy:  
A Mortality Reduction Task Force was developed whose membership consisted of leaders from key departments and senior leadership. The Six Sigma methodology was utilized to define the scope of the problem, measure the progress of the work, analyze the progress of the initiatives, make improvements as needed and apply controls to hardwire the work. IHI’s white paper was the framework utilized to assist with understanding hospital performance as it related to mortality.

Six separate initiatives with objectives and measurable outcomes were begun. Action plans were developed for each initiative and measurable outcomes were established. Each team leader presented monthly reports to the Mortality Task Force. The overall key aim was achievement of a mortality index <.85.  

Practice Change:  
Practice changes included concurrent chart review by a coding specialist to identify provider documentation gaps; expansion of Palliative and Hospice Care Services; improvements mechanisms and processes for the early recognition of patient decline and improvements in sepsis care.

Evaluation:  
A Scorecard was developed, which tracked each initiatives measurements monthly. Baseline data was monitored by the Task Force to identify trends and successes.

Results:  
Mortality index was decreased from 1.30 in 2010 to .7 in 2011.
Recommendations:
Hospital mortality scores are dependent up a plethora of factors. Improvements in patient quality of care should be first and foremost for any improvement initiative. However, understanding the variable that influence this score and developing a system-wide approach to improving gaps in practice will ensure success.

Lessons Learned:
An evidence-based, scientific approach to understanding data and engagement of staff and physicians has been the key to success. Active involvement and support by administration, as well as on-going accountability for the work, ensured progress and continued focus on the work at hand.

Bibliography:
