

## Medical Director's Report to the Board

### Mortality Update

Overall Hospital Standardised Mortality Ratio (**HSMR**) for the Trust for the financial year 2017/18 (April 2017 –March 2018) is 99.2, this is re-based for December 2017 and is in the 'as expected' range. The figure for RBH (excluding Christchurch and the Macmillan Unit) is 91.2 and is in the 'better than expected' range. The Mortality Surveillance Group (**MSG**) has noted a downward trend in co-morbidity coding (Charleston Index) which is currently 89% of the national index. This may have impacted on adjusted mortality ratios for this year. Data was resubmitted in May following revalidation for a number of categories. This is expected to more accurately reflect our Charleston co-morbidity index. MSG will review the impact with the next HSMR upload.

Crude death rate has steadily declined from 1.97% for December 2017 to 1.16% in May 2018. Deaths within 36 hours climbed in December but have since declined to normal levels. This peak appears to be related to respiratory illness associated with flu and the fall is likely to reflect that the high acuity associated with flu admissions has declined. MSG reviewed a random sample of 20 deaths within 36 hours of admission for assurance. There were no avoidable deaths in this sample, although two admissions from nursing homes were avoidable (Annex A).

### Learning from Deaths

#### Mortality Report for Board: July 2018

Reviews are deemed completed if either the review or mortality chair review date has been completed, or the review has been marked as complete.

Data as at 12/07/2018

Month	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Deaths in Month	113	107	130	134	155	136	175	168	146	152	141	121	141
eMortality Reviews Completed in Month	134	118	35	90	54	24	25	75	107	177	55	26	20
Category of Death by Month Review Completed													
Grade 0	124	108	30	79	48	20	23	63	103	173	50	23	19
Grade 1	9	9	5	8	4	4	2	10	4	4	5	3	1
Grade 2	1	1	0	3	2	0	0	2	0	0	0	0	0
Grade 3	0	0	0	0	0	0	0	0	0	0	0	0	0
Learning Disability Deaths in Month	0	0	1	2	0	0	0	1	0	0	0	3	2
Learning Disability Deaths Reviewed	0	0	1	2	0	0	0	1	0	0	0	1	1

### LeDeR

There were three deaths reported in individuals with learning difficulties in May 2018. All three deaths have been forwarded to the national LeDeR programme for review. One death occurred under respiratory consultant care and there were two deaths from metastatic cancers in the Macmillan Unit. Both deaths in the Macmillan Unit have been reviewed. The patients received excellent care and both admissions were justified. There were two inpatient deaths in June, one in AMU and one in stroke/ITU. A review of the death in AMU identified that the clinical care was good. However, the patient may have benefitted from a personalised care plan for the end of life and, as a result, the death has been graded as Grade 1. AMU will discuss this in their July governance meeting and propose an action plan to prevent recurrence.

As per our mortality review protocol all deaths graded as 2 or 3 are subject to a root cause analysis (RCA) type investigation outside our normal e-Mortality process. No deaths were graded as 2/3 following e-Mortality review in February to June 2018 (inclusive).

## **Action Plan from the Mortality Surveillance / Reviews**

### **Upward trends in Sepsis/ Pneumonia Mortality**

There is a new Dr Foster alert in this diagnostic group for UTI (urinary tract infection). We are currently monitoring the trend and re-visiting the action plan from the December 2017 Sepsis alert to ensure all actions have been completed. If the alert persists in the August/September upload we will undertake a detailed review of clinical care.

Review of deaths within 36 hours of admission:

Acute medicine mortality chair Dr Abigail Banfield conducted this review in a randomly selected sample of 20 patients between December 2017 and February 2018. Findings were discussed at the June MSG meeting. The review focussed on:

- Residence on admission
- Clinical care and diagnosis
- Communication
- Death certification and e-Mortality grading.

### **Summary Findings**

Generally findings were reassuring:

- No deaths were graded as 2 or 3 on this review so therefore were not avoidable.
- Patients were identified to be at the end of life in a timely and appropriate way. However, documentation of these conversations was poor in ED and SAU. This did not imply that the care provided was not good.
- 2 out of the 20 admissions were noted to be avoidable (graded 1) and that care could have been provided in a different way. Dr Ben Sharland, GP, felt that the number of avoidable admissions was potentially higher.
- Further review of the ITU episode is outstanding for two patients.
- 2 out of 13 need coding amendment - eIDF is available for these patients.

### **Action Plan**

- Share findings of review with Palliative/End of Life (EOL) Care team to facilitate good quality EOL care in ED and SAU.
- Feedback on case 2 to palliative speciality for more learning.
- ITU review care episode for two patients - Endocrine team to share mortality review findings for these two patients.

### **New Dr Foster Alert in Multiple Myeloma**

MSG noted a new mortality alert in diagnostic group of haematological malignancy 'multiple myeloma' for the period of March 2017–February 2018. There are 13 deaths observed against an expected of 6. This has been discussed with Dr Helen McCarthy, mortality lead. Dr Rachel Hall will conduct a review with the findings and action plan to be presented to the September Trust Mortality Surveillance Group.

### **New Dr Foster alert: Higher mortality for other respiratory procedures**

MSG noted an alert in this category; this is a procedural alert where procedure is defined as 'Invasive ventilation'. This is an association and does not implicate causation of death as all patients were intubated and ventilated in ITU. MSG has requested a themed review to understand indication for ventilation (therapeutic/organ donation) and grading of these

mortalities to understand avoidability. Mortality chair Dr Jules Cranshaw will kindly conduct this review.

**Mortality associated with long-line sepsis (Long term intravenous access for chemotherapy or prolonged antibiotics)**

MSG has commissioned a review of long-line associated mortality in discussion with the Haematology team. This includes cases where the presence of the line may be non-causative i.e. the death may or may not have been caused by line associated sepsis. This approach has been taken to better understand the process, management of long lines, protocols and policies. We hope that better understanding of the pathways can improve outcomes in this specific group of patients. ITU consultant Dr Rob Charnock is leading on this review with the Trust mortality lead.

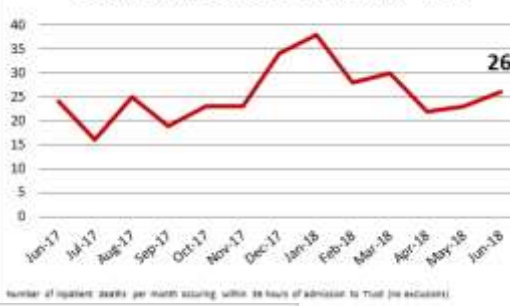
# Annexe A

## Data Review - Mortality Surveillance Group

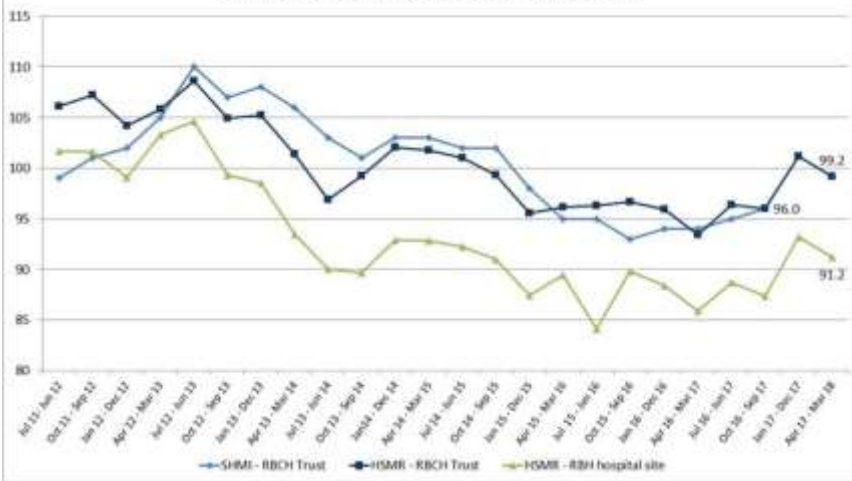
**Crude Death Rate (%) - Trust**



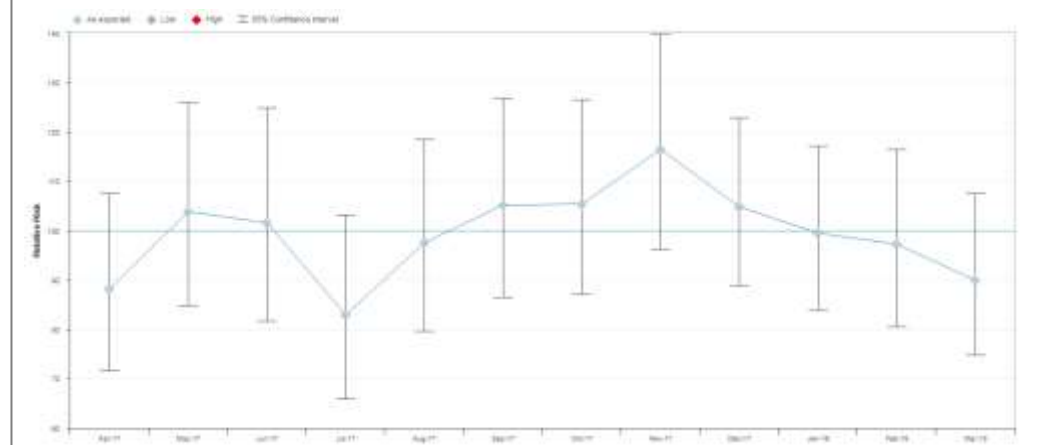
**Deaths within 36 Hours of Admission - Trust**



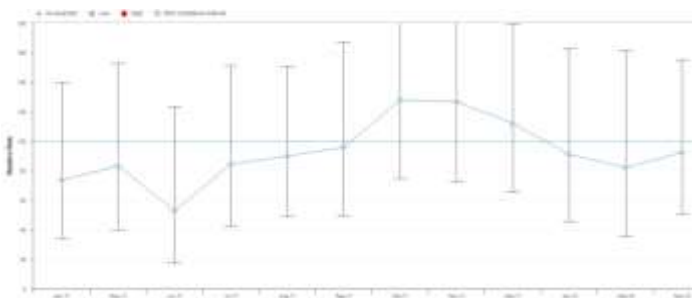
**SHMI & HSMR, Jul 11 to Mar 18**



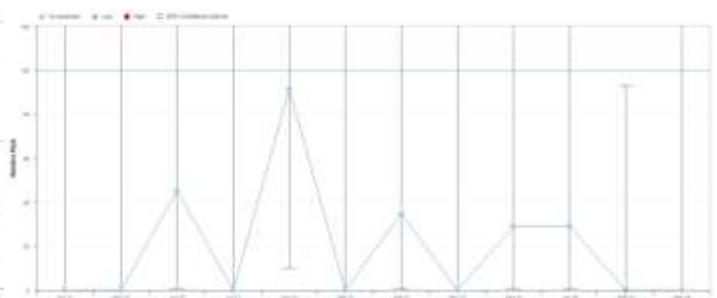
**HSMR - TRUST**



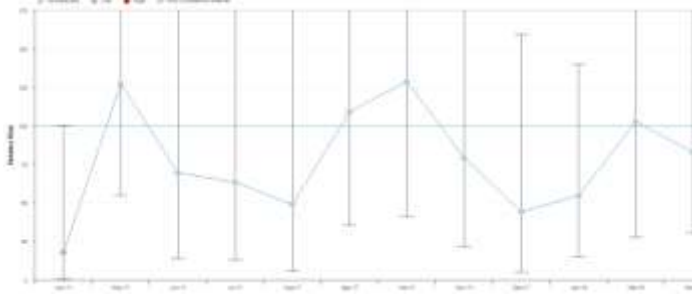
**Relative Risk - Stroke ("Acute Cerebrovascular Disease")**



**Relative Risk - AKI ("Acute & Unspecified Renal Failure")**



**Relative Risk - CCF ("Congestive Heart Failure. Non-hyoertensive")**



**Relative Risk - "Septicaemia & Pneumonia"**

