

Medical Director's Report

Board of Directors March 2018

Mortality Update

Overall HSMR for the Trust remains in the 'as expected' range at 96.8 for the last 12 months and 95.7 for the current financial year (April 2017-November 2017). The figure for RBH (excluding Christchurch and the Macmillan unit) is 87.1 and is in the 'better than expected range'. MSG has noted high a HSMR (106) for November. This figure is possibly compromised by a data submission flaw and will be under review pending further data submission.

Crude death rate has steadily declined from 1.97% for December to 1.6% in January and 1.52% in February. These trends for January and February are comparable to January and February 15/16. The National picture which allows comparison will be clearer in a few months. Deaths within 36 hours surged in December but have declined in February. As the peak in deaths appear to be related to respiratory illness associated with flu this may reflect that the high acuity associated with flu admissions has declined (Annex A).

Learning from Deaths

Mortality Report for Board: March 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 09/03/2018

Month	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Deaths in Month	113	107	130	134	155	136	177	178	179
eMortality Reviews Completed in Month	134	118	35	90	50	22	24	69	107
Category of Death by Month Review Completed									
Grade 0	124	108	30	78	44	19	22	57	103
Grade 1	9	9	5	9	4	3	2	10	4
Grade 2	1	1	0	3	2	0	0	2	0
Grade 3	0	0	0	0	0	0	0	0	0
Learning Disability Deaths in Month	0	0	1	2	0	0	0	1	

There have been no deaths reported in individuals with learning difficulties in December, January or February. The case recorded in January relates to the LeDER review of a death from November with no care concerns identified. All LD deaths are reported to the LeDER system as required but there are substantial delays in reviews at the current time.

As per our mortality review protocol all deaths graded as 2 or 3 are subject to an RCA type investigation outside our normal e-mortality process. The two cases in January were both urology cases and have been subject to SI panel review.

Key learning points from reviews

- 1: Suprapubic catheter insertion outside a theatre environment is a high risk procedure. SOP developed for failed urethral catheterisation including escalation and location of care.
- 2: Development of standardised consent form to include patient information
- 3: Communication and handover of complex patients during periods of leave
- 4: Escalation and hand off of tasks with identification of responsible individual
- 5: To consider ECG and troponin in the investigation and management of non-specific chest pain in high risk individuals

Action Plan from the Mortality Surveillance / Reviews

(1) Non-Hodgkin's Lymphoma:

Mortality Chair, Helen McCarthy, discussed the findings of this review. MSG is tasked to create workflow solutions for all deaths from Non-Hodgkin's lymphoma which will be forwarded to Haematology department to facilitate timely mortality reviews. Department will review three cases where patients have died within 30 days of Chemotherapy to define appropriateness.

(2) Aortic and peripheral arterial embolism:

This is an ongoing alert in a diagnostic group in Vascular surgery. Action plan from the mortality review for the alert in 'Femoral bypass' Surgical group has been implemented. There is now medical input from a speciality doctor in Geriatric Medicine five days a week. This is likely to improve procedural and non-procedural outcomes from vascular problems in frail older adults. MSG will continue to monitor and commission further a review if required.

Sepsis Alert

MSG noted higher mortality from 'Sepsis and Pneumonia' in December 2017. Sepsis lead, Dr David Martin, conducted a fast-track mortality review of 15 random deaths in this group. MSG noted no significant concerns in clinical care specifically 'antibiotics delivery time' all but one death was classified as unavoidable. Possible avoidable mortality is currently under review by the Vascular department.

Dr Foster alert 'Residual Codes'

MSG in January noted a new alert in use of 'residual codes'. This is an important data quality issue; 1500 discharge spells from our Trust have been submitted as 'residual codes' (i.e. 'R' code in the primary position) of which 42 patients have died. Majority of these 'spells' come from August and September 2017.

Action plan: MSG has now completed the process map and changed the process to avoid this in the future. We have also submitted corrections for the retrospective data and the March up-load will now be a true representation of Trust HSMR.

New Dr Foster alert: ‘Repair of thoracic or unspecified aortic aneurysm’

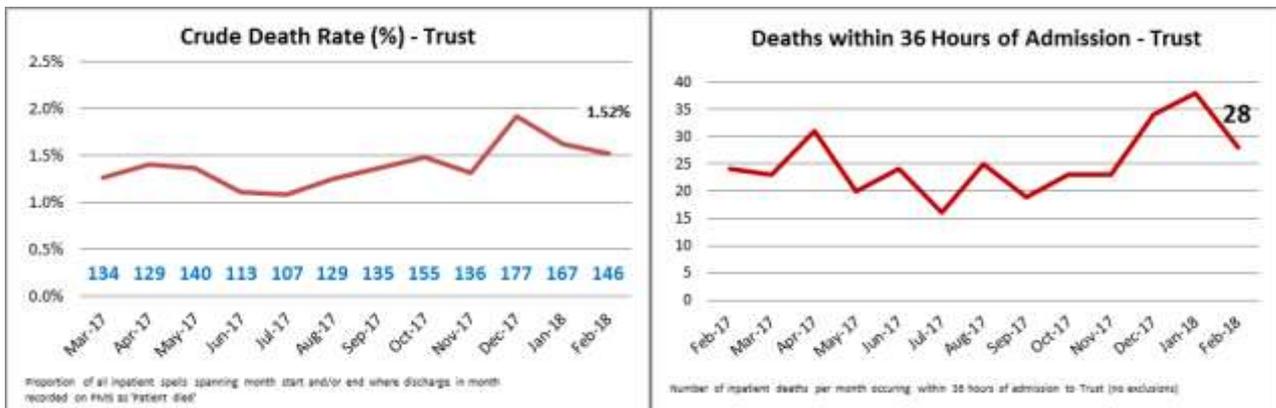
This is a procedural Cusum alert mounted by 3/10 deaths in this category compared to 1/10 expected nationally. MSG has shared this alert with the lead and Mortality Chair for the Vascular department and commissioned a thorough review of pre-operative/post-operative clinical care, communication, death certification and codings. The findings will be discussed in the next MSG meeting.

MSG will also conduct an audit into accuracy of procedural coding and Urology will pilot this to start with.

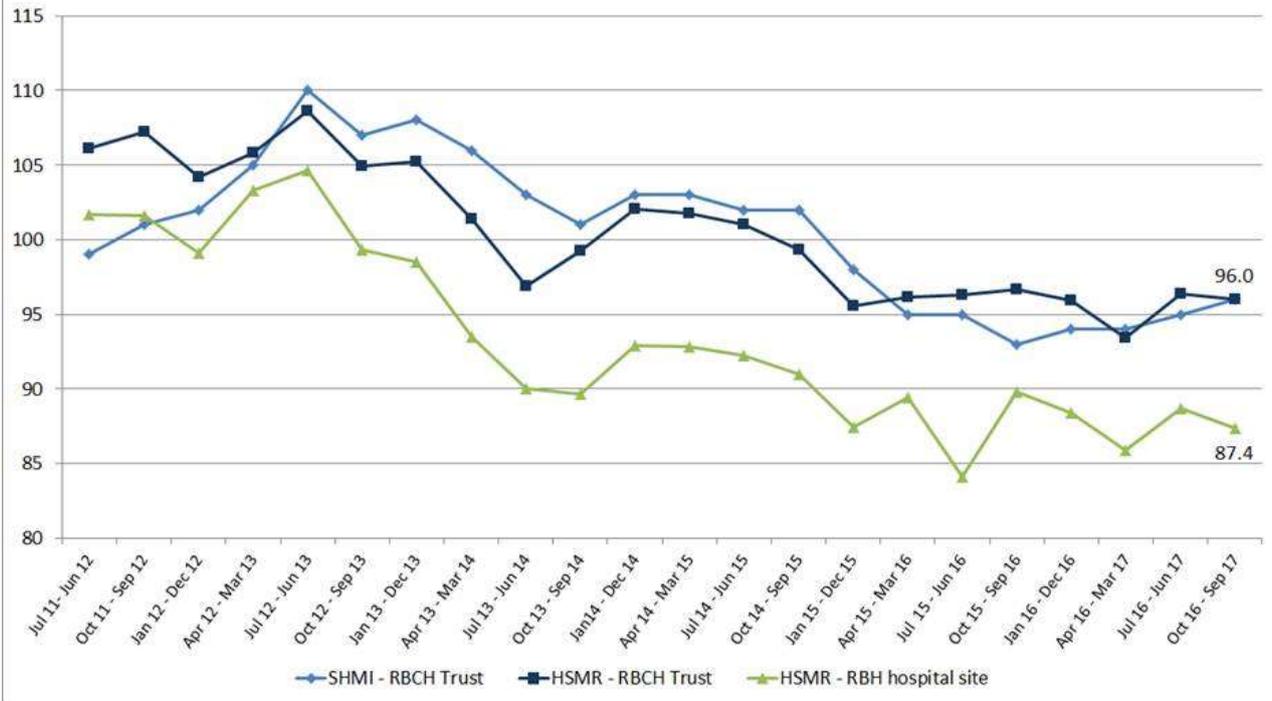
Mortality outcomes from National COPD Audit 2014

MSG noted mortality outcomes for COPD in this audit; in-hospital mortality for this group has significantly improved over last 3 years, however, 90 day mortality outcomes are not measured. Dr Laws and Dr Edwards reviewed clinical care, end of life care and coding for the COPD discharges where a death is recorded within 90 days of admission. MSG is reassured that there were no deficiencies in the clinical/end of life care and all re-admissions following index admission were unavoidable. One patient received resuscitation inappropriately; this will be discussed with IT.

Annex A



SHMI & HSMR, Jul 11 to Sep 17



Trust HSMR

