MHA Massachusetts Hospital Association

The leading voice for hospitals.

M-LiNk
Hospital Mortality Program Self-Assessment Tool
A Focus on Structures & Processes

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Welcome & Introductions

Massachusetts Hospital Association

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MHA's Statewide Performance Improvement Agenda

Priorities for Massachusetts hospitals to collectively focus on improving:

1. Safety,
2. Efficiency, and
3. Quality.

The goal to improve quality is by reducing the in-hospital mortality rate

M-LiNk

M-LiNk is a peer-based learning opportunity for hospitals to:

1. Identify best practices correlated with a reduction in mortality;

2. Adopt system supports used in high-reliability organizations; and

3. Implement protocols to identify and differentially treat high-risk patients.

M-LiNk Hospital Mortality Program Self-Assessment Tool

Learning Objectives

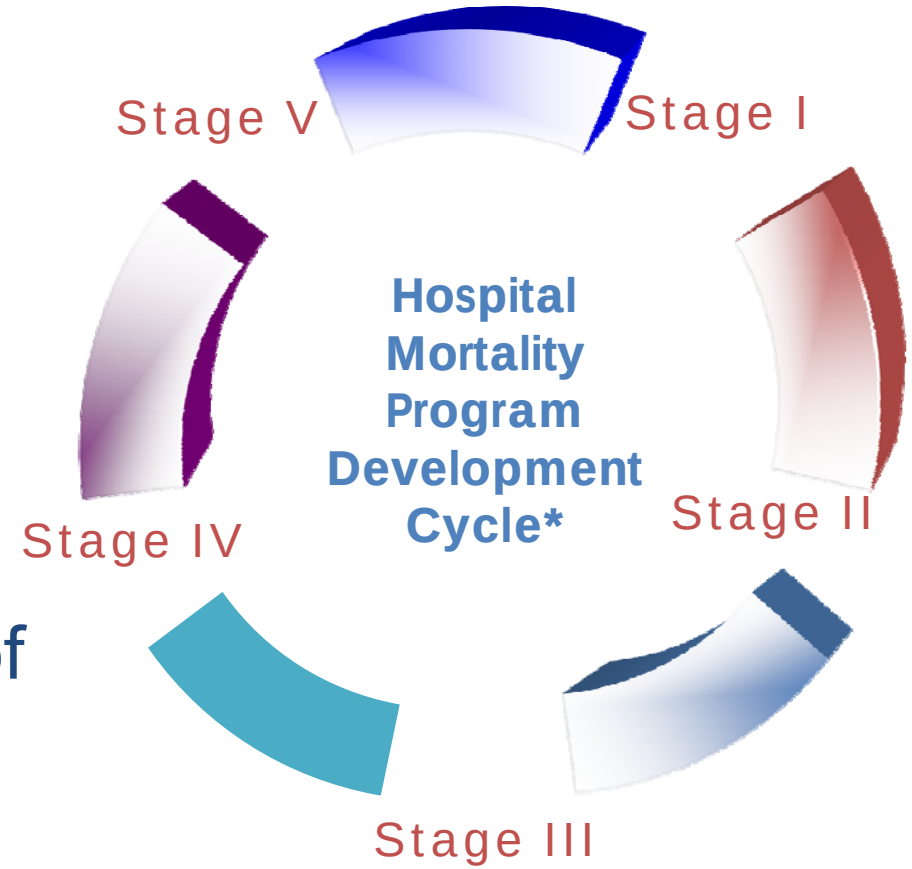
1. Provide an overview of the M-LiNk Hospital Mortality Review Program Self-Assessment Tool
2. Discuss application of M-LiNk tool to assess and monitor hospital mortality program development.
3. Review opportunities to use the tool for setting goals and improvement priorities for mortality reduction activities

Hospital Mortality Program Self-Assessment Tool

- The tool was developed in response to suggestions and input from MA hospitals to provide a framework for use in developing or enhancing existing programs for reducing in-patient mortality
- The tool is derived from available evidence and national/local information on effective program components related to reductions in hospital mortality

Developing a Comprehensive Hospital Mortality Review Program

- This framework serves as a guide for identifying best practices (criteria) for an effective mortality review program
- Ongoing application of the framework allows hospitals to further integrate key elements of a comprehensive mortality program



FOCUS on Hospital Mortality

- Shift focus from retrospective analysis of "what happened" to proactive approach of identification, rapid response and prevention of hospital deaths
- System integration of mortality into hospital strategic goals for quality and safety

Tracking of Mortality

- Focus on Improvement vs. Reporting (internally-focused effort)
- Mortality performance becomes measure of quality/safety success
- Expectation that ongoing improvement efforts will impact mortality (culture change)
- **Track mortality data over time on key populations with benchmarks for performance**

Mortality Program Structural Elements

- Suggested criteria for building an effective hospital mortality review program, including:
  - integrated systems, clinical practices and strategies for preventing, recognizing and treating patients/conditions/events at risk.

Mortality Program Components

3 Main Sections

1. **Culture of Quality Improvement for Mortality Reduction**
2. **Mortality Risk Assessment & Surveillance**
3. **Standardization & Reliability of Clinical Processes**

10 Criteria containing a total of 50 Elements

“Other”

- The self-assessment tool includes a final category of "Other" for hospitals to include any criteria or element most relevant to their work on mortality and not currently represented in the self-assessment tool.

Mortality Program Review Criteria

Hospital Mortality Review Criteria		# Elements
1. Culture of Quality Improvement for Mortality Reduction		
A.	Leadership Mandate	5
B.	Aim for Mortality Reduction	3
2. Mortality Risk Assessment & Surveillance		
C.	Mortality Diagnostic	8
D.	Robust Measurement & Regular Feedback on In-patient Deaths	5
E.	System Level Review	3

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Mortality Program Review Criteria

Hospital Mortality Review Criteria		# Elements
3. Standardization/Reliability of Clinical Processes		
F..	Event Detection & Recognition	4
G.	Standardized Communication Protocols	2
H.	Interventions to Reduce HAI's	7
I.	Interventions to Address Adverse Events & Medication Harm	4
J.	Appropriateness of the Setting of Care	9
K.	Other	

M-LiNk Hospital Mortality Program Self-Assessment Tool

Mortality: Learning-in-Network (M-LINK) HOSPITAL SELF-ASSESSMENT TOOL STRUCTURAL CRITERIA FOR MORTALITY REVIEW PROGRAM	Answer Format									
	Yes	No	NA	1 = nothing in place at this time 2 = informal process established 3 = formal process established – but not systematic for mortality reviews 4 = formal process established to address mortality reviews 5 = robust system/processes in place for formal/structured/timely review to ensure on-going accuracy					Comments/ Additional Information
2. Culture of Quality Improvement for Mortality Reduction										
A. Leadership Oversight & Accountability: hospital assures leadership oversight and accountability to track mortality and implement opportunities for improvement	☐	☐	☐	1	2	3	4	5		
B. AIM for Mortality Reduction: hospital clinical and administrative leadership set clear, measurable aims for improvement to reduce in-patient mortality	☐	☐	☐	1	2	3	4	5		
1. Mortality Risk Assessment & Surveillance										
C. Mortality Diagnostic: the hospital has a process in place to monitor in-patient deaths on a regular basis	☐	☐	☐	1	2	3	4	5		
D. Robust Measurement & Regular Feedback on Hospital Deaths: hospital has a process in place for regularly collecting, reporting and benchmarking data on hospital deaths for the purpose of identifying opportunities for improvement	☐	☐	☐	1	2	3	4	5		
E. System-level Review: hospital integrates mortality review data with key performance indicators to identify system level variables to reveal opportunities for improvement	☐	☐	☐	1	2	3	4	5		
3. Standardization and Reliability of Clinical Processes										
F. Event Detection & Recognition: hospital has a process in place to ensure full participation for identifying and addressing triggers for patients, conditions and events at greatest risk of in-patient mortality	☐	☐	☐	1	2	3	4	5		
G. Standardized Communication Protocols: hospital uses standardized communication protocols to transfer information on critical events in a timely and effective manner	☐	☐	☐	1	2	3	4	5		
H. Use of Interventions to Reduce Hospital Acquired Infections: hospital uses evidence-based interventions to prevent, and effectively treat those clinical conditions and events most associated with in-patient mortality	☐	☐	☐	1	2	3	4	5		
I. Use of Interventions to Address Adverse Events & Medication Management: use of prompts, triggers and/or standardized order sets to address potential adverse events	☐	☐	☐	1	2	3	4	5		
J. Appropriateness of the Setting of Care: protocols in place to effectively address end-of-life care within the hospital and community	☐	☐	☐	1	2	3	4	5		
Instructions: add up total number of points from the responses to each of the 10 key [illegible] Program Development for leading use in hospitals.	Total								☐ Stage 1: x-y points ☐ Stage 2: x-y points ☐ Stage 3: 26-35 points ☐ Stage 4: 36-45 points ☐ Stage 5: 46-50 points	

Answer Format

Five levels of response:

1. Nothing in place at this time
2. Informal process established
3. Formal process in place, but not specifically applied to mortality reduction
4. Formal process in place, specifically related to mortality reduction
5. Robust system/process in place to prevent/detect/treat at-risk patients and reduce incidence of mortality

Results & Interpretation of Self-assessment Tool

Calculation: add total responses for each question on on the M-LiNk Self-assessment Tool (10 CRITERIA) to estimate the stage of development for your Hospital Mortality Review Program.

- Stage 1: ≤15 points
- Stage 2: 16-25 points
- Stage 3: 26-35 points
- Stage 4: 36-45 points
- Stage 5: 46-50 points

Interpretation: The process of completing the self-assessment survey will provide an approximate idea of the components in place and suggested level of development for your in-patient mortality review program.

Response: The hospital may use information gained from the self-assessment process to set aims for improvement and re-assess data and development of program elements over time.

Hospital Mortality Program: Stages of Development

- Depicts stages of development of a comprehensive hospital mortality review program
- Viewed as a continuum—Stage I being very basic and Stage V being the most robust
- Measured by the % of criteria completed or addressed upon self-assessment

Stages of Development for Hospital Mortality Review Program

Stage	Description
Stage I	**No formal program in place to address mortality reduction, though raw mortality is monitored with identification/creation of minimal elements for hospital to address mortality**
	Less than 15 points
Stage II	**Multi-professional Hospital Mortality Review Committee (or function) in place with responsibility for measuring mortality across patient populations with the reporting of data across clinical departments. Hospital uses data to identify goals for improvement.**
	16-25 points
Stage III	**Hospital mortality Review Program formally established, with effective measurement and feedback systems on mortality data to address staff training and awareness/intervention protocols for patients, conditions/events at greatest risk of mortality.**
	26-35 points
Stage IV	**Hospital Mortality Review Program successfully integrated into hospital management structure, with accountability to Medical Executive Committee. Mortality is monitored across key populations and benchmarked across key targets for performance. Protocols implemented for identification and treatment of high-risk patients and process in place to assess and refer end-of life care.**
	36-45 points
Stage V	**Highly developed and well-integrated Hospital Mortality Review Program in place, with strong emphasis on internal improvement through use of robust measurement and feedback systems, planned maintenance through case review and the hospital quality improvement systems, with hospital and community coordination for addressing effective end-of-life placement and care. Hospital mortality rates have demonstrated sustained improvement (reductions) over protracted period of time (at least 2 years)**
	45-50 points

Example: Hospital A

- Leadership / Culture of Quality & Safety
  - Mortality reduction set as a strategic goal for the organization, though no specific AIM set for improvement target
  - Medical staff leadership and board review mortality measures
- Risk Assessment & Surveillance
  - Process in place to analyze individual inpatient deaths on a regular bases
  - Mortality reviewed by QI/RM committee with feedback to clinical departments

Example: Hospital A

- Standardization Reliability of Clinical Processes
  - Implementation of clinical bundles, VAP, CAUTI, CLABSI, and Sepsis
  - Initiation of Rapid Response Teams (April 2011)
  - Improvements in care to address adverse events/medical errors
  - Implementation of care transition protocols
  - Expansion and integration of hospitalists

How Would They Score?

Mortality: Learning-in-Network (M-LINK) HOSPITAL SELF-ASSESSMENT TOOL STRUCTURAL CRITERIA FOR MORTALITY REVIEW PROGRAM	Answer Format				Comments/ Additional Information
	Yes	No	NA	1 = [illegible] 2 = Informal process established 3 = Formal process established - but not specifically for mortality initiative 4 = Formal process established to address mortality initiative 5 = Robust cycle/processes in place to [illegible]	
2. Culture of Quality Improvement for Mortality Reduction					
A. Leadership Oversight & Accountability: hospital assures leadership oversight and accountability to track mortality and implement opportunities for improvement	☐	☐	☐	1 2 3 4 5	
B. AIM for Mortality Reduction: hospital clinical and administrative leadership set clear, measurable aims for improvement to reduce in-patient mortality	☐	☐	☐	1 2 3 4 5	
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F. Event Detection & Recognition: hospital has a process in place to ensure full participation for identifying and addressing triggers for patients, conditions and events at greatest risk of in-patient mortality	☐	☐	☐	1 2 3 4 5	
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J. Appropriateness of the Setting of Care: protocols in place to effectively address end-of-life care within the hospital and community	☐	☐	☐	1 2 3 4 5	
[illegible] Program Development for leading care in hospitals	Total				☐ Stage 1: [illegible] points ☐ Stage 2: [illegible] points ☐ Stage 3: [illegible] points ☐ Stage 4: [illegible] points ☐ Stage 5: [illegible] points

At What Stage of Development?

Stage	Description
Stage I	**No formal program in place to address mortality reduction, though raw mortality is monitored with identification/creation of minimal elements for hospital to address mortality**
	Less than 15 points
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Stage V	**Highly developed and well-integrated Hospital Mortality Review Program in place, with strong emphasis on internal improvement through use of robust measurement and feedback systems, planned maintenance through case review and the hospital quality improvement systems, with hospital and community coordination for addressing effective end-of-life placement and care. Hospital mortality rates have demonstrated sustained improvement (reductions) over protracted period of time (at least 2 years)**
	45-50 points

Suggested Review Process

- Mortality Review Committee/Quality Improvement Leadership convene to review tool and assess extent of program development
- Answer high-level questions for each of the 10 main criteria in the three main sections
- Score tool and reflect on proposed Stage of Development
- Consider opportunities to improvement – based on results
- Set goals, timeframe and interval for re-assessment of Mortality Program Development (recommended at least annually)

Ongoing Assessment

- Establish appropriate intervals for re-assessment (at least annually), given the improvement goals and implementation timeline of selected interventions
- Consider using M-LiNk Mortality Program framework (three main components) as context for mortality program development activities and internal communications
- Build awareness and educate staff on program components, aim for improvement and selected improvement activities for program growth
- Trend and share results of mortality program development efforts -- along with related performance data-- with clinicians, administration and Board

Experiences to Date

- Applicability to hospital mortality program efforts
- Process of completing assessment tool: Who? How? When?
- Implications of assessment results
- Usefulness of tool/process for setting improvement goals for mortality reduction
- Relevance/validity of interpreting internal “Stage of Mortality Program Development”

Application of Tool

- MHA recommends use of the tool as a starting point to assess baseline performance in suggested areas for Hospital Mortality Program development.
- The tool will be adapted as we continue to assess the effectiveness of the framework and criteria, as applied by MA hospitals over the coming year.

Questions?