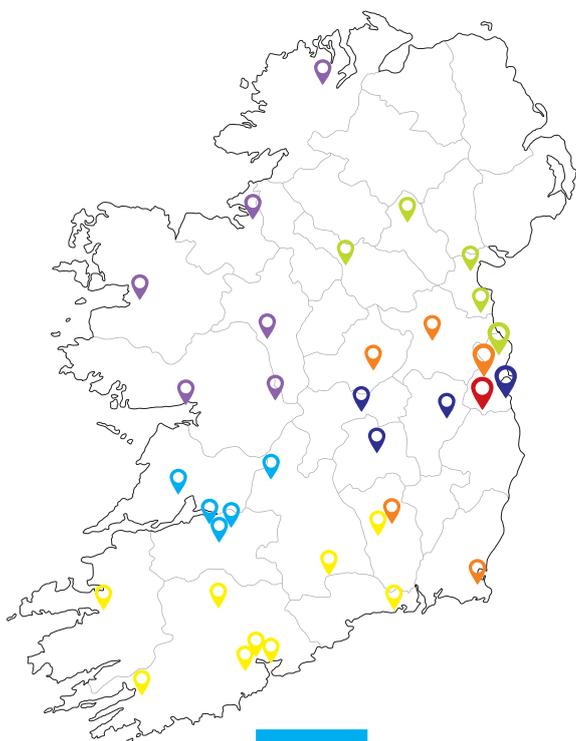


NATIONAL AUDIT OF HOSPITAL MORTALITY SUMMARY REPORT 2017

The National Audit of Hospital Mortality (NAHM) is an audit which looks at the patterns and trends of patients who die (mortality) in hospital. NAHM uses a standardised mortality ratio (SMR) to calculate mortality trends in Irish hospitals. This audit assures patients, their families and the wider health system that hospital mortality is being monitored continuously.



44

**PUBLICLY FUNDED
HOSPITALS**

NAHM data cannot be used to compare hospitals to one another, as no two hospitals have the same patients.

Hospitals are compared to the national average.

WHAT IS AN SMR

The SMR is based on the principal diagnosis – what is found to be the main reason a patient is admitted to hospital for treatment. This is not always the cause of death. An SMR is the actual number of patients who die in hospital versus the number expected to die, when the following factors are taken into account:

- Age
- Gender
- Co-morbidities (other existing medical conditions)
- Type of admission (emergency or elective)
- Source of admission (from home, nursing home etc.)
- No. of emergency admissions to the same hospital in last 12 months
- Proxy level of deprivation (medical card)
- Palliative Care (receiving care and treatment for life threatening illness)

This method acts as an alert system – if the SMR is unexpectedly high or low, it alerts the hospital to the fact that further review is necessary. The value of the SMR is that hospitals examine mortality data for their own patients in light of what is expected, and learn from it.

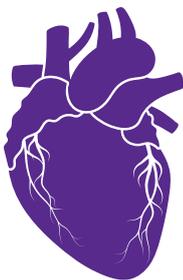
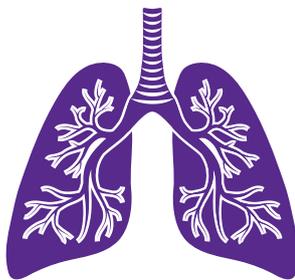
Hospital Engagement

Three hospitals share their experiences using NAHM data and how they use NAHM to support local quality improvement processes. This sharing of learnings shows a commitment to NAHM and to improving the care provided to patients in acute hospitals.

Forty four hospitals contribute data to this audit. There are certain factors which need to be met for each diagnosis in order for a hospital to have data included in the annual report. These factors are put in place to ensure there are sufficient numbers of cases so no patient can be identified from the data, to make sure that diagnoses with high mortality and clinical risk are included and there is a HSE National Clinical Programme giving direction. When these factors are taken into account, six medical conditions have been identified to be reported on. Thirty two hospitals meet these conditions. All hospitals are able to view their own data throughout the year for all conditions using a web-based tool.

WHAT MEDICAL CONDITIONS ARE INCLUDED IN THE NAHM ANNUAL REPORT?

FOR THE 2017 REPORT, NAHM LOOKS AT MORTALITY FOR SIX MEDICAL CONDITIONS:

CARDIOVASCULAR		<p>ACUTE MYOCARDIAL INFARCTION (AMI)</p> <p>happens when blood flow to the heart stops or is severely restricted, often by a blood clot, causing damage to the heart muscle. It is also referred to as a heart attack.</p>	<p>HEART FAILURE</p> <p>is a weakening of the heart muscle which prevents the heart from effectively pumping blood around the body.</p>
		<p>ISCHAEMIC STROKE</p> <p>is a clot or blockage of blood vessels in the brain.</p>	<p>HAEMORRHAGIC STROKE</p> <p>is a ruptured blood vessel which leads to bleeding into the brain.</p>
RESPIRATORY		<p>CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)</p> <p>is a chronic lung condition which makes it hard to empty air from the lungs. Common symptoms include shortness of breath and chest tightness.</p>	<p>PNEUMONIA</p> <p>is an infection of the lungs which causes the tiny air sacs to fill with fluid. Common symptoms can include a cough and difficulty breathing.</p>

93%

AMI data in this report represents 93% of all inpatients who had AMI documented as the main reason they were admitted to hospital for treatment.

92%

Heart failure data in this report represents 92% of all inpatients who had heart failure documented as the main reason they were admitted to hospital for treatment.

86%

Ischaemic stroke data in this report represents 86% of all inpatients who had ischaemic stroke documented as the main reason they were admitted to hospital for treatment.

73%

Haemorrhagic stroke data in this report represents 73% of all inpatients who had haemorrhagic stroke documented as the main reason they were admitted to hospital for treatment.

98%

COPD data in this report represents 98% of all inpatients who had COPD documented as the main reason they were admitted to hospital for treatment.

94%

Pneumonia data in this report represents 94% of all inpatients who had pneumonia documented as the main reason they were admitted to hospital for treatment.

HIGHLIGHTS FROM NATIONAL AUDIT OF HOSPITAL MORTALITY ANNUAL REPORT 2017



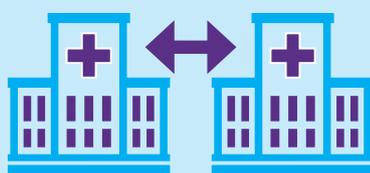
There were no statistical outliers at year-end in the closed HIPE file for 2017 among the SMRs for the six key diagnoses included in this report.



One hospital had a statistical outlier during the year of 2017 for AMI. A summary of the review is included which shows how processes were put in place to ensure the future accuracy of AMI data captured.



Good-quality data and information contribute to well-informed decisions. Analysis shows some evidence of variation in coded data used for NAHM.



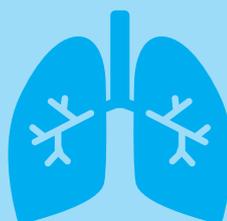
Hospitals continue to share their learnings and experiences using NAHM data for quality improvement.



This report presents data for 32 hospitals which meet criteria for inclusion in the report.



NQAIS NAHM web-based tool has been enhanced to make it more user friendly.



Analysis shows that 20% of all inpatients with a respiratory condition in 2017 had acute lower respiratory infection (unspecified) identified as their main reason for admission. Because this is an (unspecified) diagnosis, clinicians are being asked to ensure documentation for these cases is correct.

HOSPITAL ENGAGEMENT WITH NAHM

NAHM in University Hospital Waterford

From initially reviewing and analysing the reports in the Quality and Patient Safety Office, we established a quarterly cross-directorate NAHM meeting. The Clinical Directors, senior HIPE coders and Directorate Business Managers met with the Quality and Patient Safety Office to review the healthcare records of low- and/or medium-risk patients who died in University Hospital Waterford.

One very clear action from the outset was the need to create a better understanding among all clinical staff of HIPE coding and how it is used in the Irish healthcare system. This has motivated a range of educational activities targeting documentation standards - which must roll on to accommodate staff turnover, and the bi-annual changeover of hospital doctors.

Judy Colin

Quality and Patient Safety Manager
University Hospital Waterford

KEY RECOMMENDATIONS

IMPROVING DATA QUALITY



- Cooperation between clinicians and clinical coders will lead to more accurate medical records and improved data quality.
- Hospital management should lead the improvement in data quality.
- Clinicians need to fully and accurately complete discharge summaries using consistent terminology. This should be done for all patients including those whom have died.
- Hospitals should review cases of acute lower respiratory infection to ensure this is the correct principal diagnosis.

IMPROVING THE NATIONAL QUALITY ASSURANCE IMPROVEMENT SYSTEM (NQAIS) NAHM WEB-BASED TOOL*



- The NAHM Governance Committee will explore the possibility of expanding the heart failure group under NQAIS NAHM to allow for international benchmarking.
- The 'acute bronchitis' group within NQAIS NAHM should be renamed 'acute lower respiratory infection (unspecified)'.

USING NQAIS NAHM



- The NQAIS NAHM web-based tool and this report should be continually used by hospitals to learn from their findings and improve quality of care for patients.

* NQAIS NAHM is one of a range of web-based tools developed by the Health Intelligence Unit, Strategic Planning and Transformation, HSE.

COMMENT FROM PUBLIC AND PATIENT INTEREST (PPI) REPRESENTATIVE

Our healthcare system has a wide diversity of stakeholders, with the patient having the greatest stake of all. NOCA has recognised, since its inception, that collaboration with public and patient representatives and healthcare professionals is essential for the success of clinical audit and continuous improvement of quality in healthcare. As the public and patient representative on the NAHM Governance Committee, I can assure you that hospitals are given every support to monitor their in-hospital mortality. The inclusion of hospitals feedback in this report is a testament to the continued engagement with NAHM.



ALAN EGAN

NOCA National Office of
Clinical Audit

IF YOU WISH TO READ THE FULL REPORT
LOG ONTO OUR WEBSITE

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