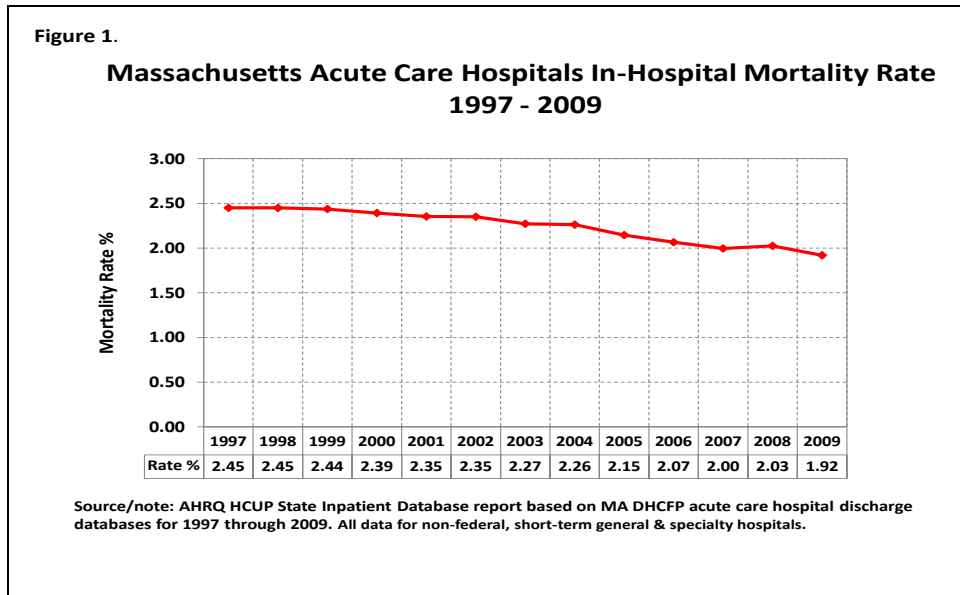


Massachusetts Hospitals Strategic Performance Improvement Agenda Report

Quality of Care Commitment: Reduce Preventable Mortality



The rate of **in-hospital mortality** in Massachusetts acute care hospitals has declined steadily from 2.45 percent in 1997 to 1.92 percent in 2009, the most recent year for which complete data are available (Figure 1). This measure has both merits and limitations in monitoring progress in reducing preventable mortality. It is a simple and reliable measure of overall mortality, but it is not specific to preventable deaths and it does not account for changes in patient variables affecting risk of death from year-to-year. There is also a lag in the availability of the data; complete data typically is not available for eight to ten months following the close of a year (fiscal years ending in September). The measure can also be affected by changing patterns in the site of patient deaths that could be affected by, for example, the availability of hospice services or shorter lengths of stay followed by discharge to various post-acute care sites¹.

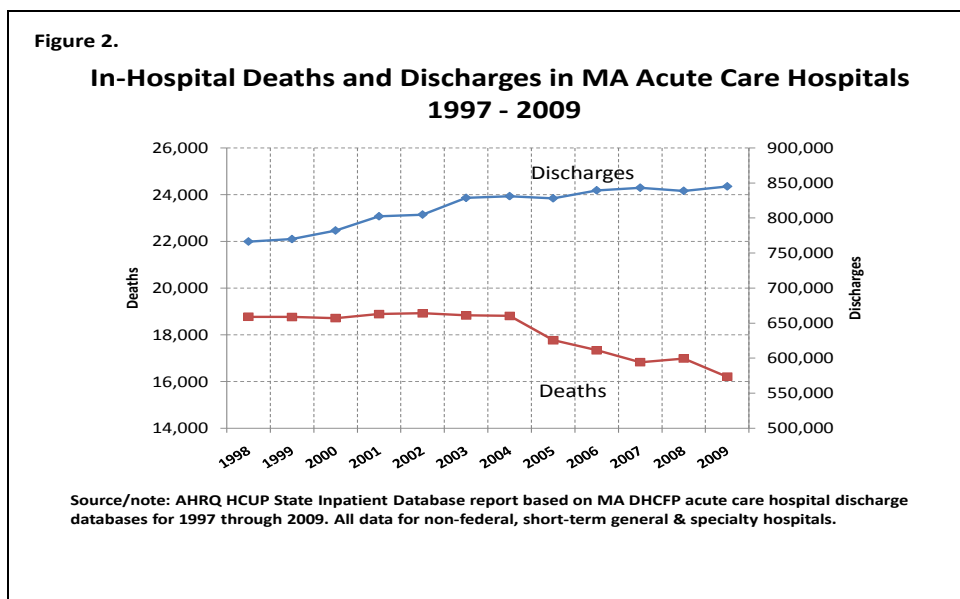


Figure 2 breaks the in-hospital mortality rate into its component parts; discharges and deaths. While discharges increased by about 81,000 from 1997 to 2009 (up 10.7 percent), the number of deaths dropped by almost 2,400 (down 12.8%).

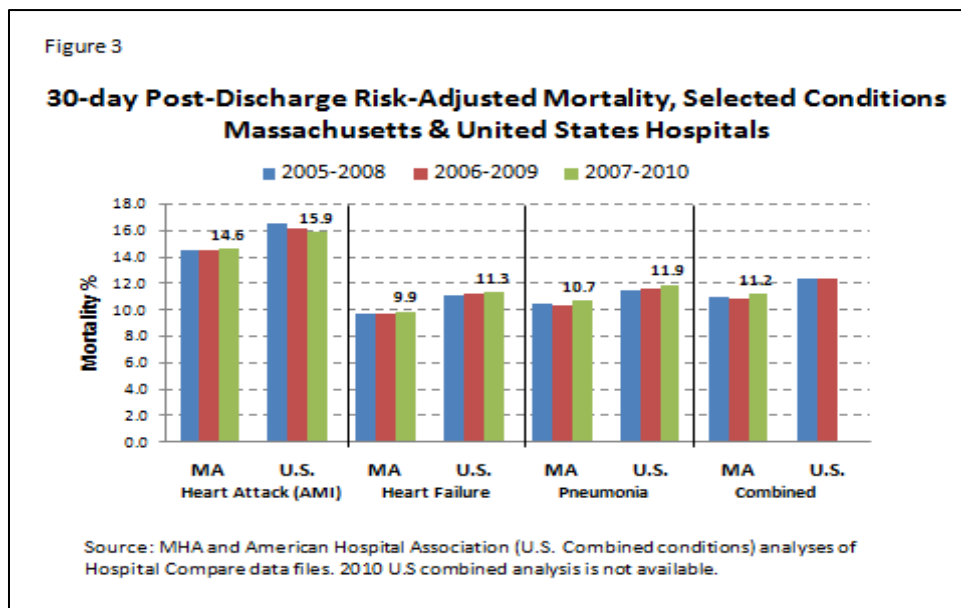


Figure 3 displays the Massachusetts and United States aggregate data over three three-year periods for estimates of hospital-specific, **risk-standardized, all-cause 30-day mortality rates for Medicare patients hospitalized with a principal diagnosis of heart attack, heart failure, and pneumonia**. All-cause mortality is defined as death from any cause within 30 days after discharge, regardless of whether the patient died while still in the hospital or after discharge. For each condition, the risk-standardized ("adjusted" or "risk-adjusted") hospital mortality rates are estimated from Medicare claims and enrollment data using sophisticated statistical modeling techniques that adjust for patient-level risk factors and account for the clustering of patients within hospitals. The data are updated annually and published at the Hospital Compare website.

For each condition and for all conditions combined, Massachusetts hospitals in aggregate had lower mortality rates than the United States as a whole. Massachusetts rates combined increased slightly in the most recent period, as heart attack mortality increased by 0.1 percentage points, heart failure mortality grew by 0.2 percentage points, and pneumonia mortality climbed by 0.4 percentage points. Nationwide, the heart attack mortality rate dropped by 0.3 percentage points, while the heart failure and pneumonia mortality rates increased by 0.1 and 0.3 percentage points respectively.

The Medicare mortality rate data will be updated again in the summer of 2012.

ⁱ The average length-of-stay (ALOS) in Massachusetts acute care hospitals dropped from 4.9 days in 1998 when mortality rates began their decline, to 4.6 days in 2009. Between 1998 and 2008, ALOS ranged between 4.9 and 4.7 days, and stood at 4.8 days as recently as 2008. The percentage decline in mortality rates was 21.2 % while ALOS dropped 6.1% from 1998 to 2009. Source: MA DHCfp HSD05_2009_Hospital_Utilization file. (http://www.mass.gov/Eeohhs2/docs/dhcfp/r/hsudf/09/HSD05_2009_Hospital_Utilization.xls).