

Massachusetts Hospital Association: M-LiNk initiative Hospital Mortality Program

Self-Assessment Tool [4/25/11]

TERM	DEFINITION
Sections	The framework contains three main sections of structural criteria for Hospital Mortality Review Programs: <ol style="list-style-type: none"> 1. Mortality Risk Assessment & Surveillance 2. Culture of Quality Improvement for Mortality Reduction 3. Standardization and Reliability of Clinical Processes.
Structural Elements	Refers to set of suggestions 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.
Criteria & Elements	The framework includes a total of 10 core criteria, with a total of 50 elements or suggested actions within each criterion.
"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.
Results & Interpretation of Mortality Program Self-Assessment	
Calculation	Calculate total responses for each question on the M-LiNk Self-assessment Tool (10 CRITERIA) to estimate the stage of development for your Hospital Mortality Review Program.
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.
Reference	Please use the more detailed list of criteria and sub-elements for further clarification on those items that would be most associated with the criteria highlighted on the self-assessment tool.
Stages of Development	
Stage 1	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
Stage 2	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.
Stage 3	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.
Stage 4	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.
Stage 5	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)

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 specifically for mortality reduction 4 = formal process established to address mortality reduction 5 = robust system/processes in place to prevent/detect/treat at-risk					Comments/ Additional Information
1. 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	
2. Mortality Risk Assessment & Surveillance									
C. Mortality Diagnostic: the hospital has a process in place to monitor in-patient deaths on a regular basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	
Instructions: add up total number of points from the response to each of the 10 key criteria to estimate the hospital's Stage of Mortality Program Development	Total								<input type="checkbox"/> Stage 1: ≤15 points <input type="checkbox"/> Stage 2: 16-25 points <input type="checkbox"/> Stage 3: 26-35 points <input type="checkbox"/> Stage 4: 36-45 points <input type="checkbox"/> Stage 5: 46-50 points

M-Link Hospital Program Review Program	
Criteria & Associated Elements	
1. Culture of Quality Improvement for Mortality Reduction	
A. Leadership Oversight & Accountability	
1. Mortality reduction set as a strategic goal for the organization	
2. Regular medical staff leadership and board review of mortality measure and performance	
3. Multi-specialty committee in place to monitor mortality and interventions, representing cross-section of clinical	
4. Adequate institutional resources provided to support mortality reduction efforts (i.e. financial, IT, staff)	
5. Institution formally assesses safety culture and uses findings to identify activities for improvement to impact	
B. Aim for Mortality Reduction	
1. Mortality aim explicitly articulated at administrative and clinical director's level with measureable goals and	
2. Aim regularly measured with stratification of sub-populations at highest risk	
3. Aim reviewed by clinical departments, administration and board	
2. Mortality Risk Assessment & Surveillance	
C. Mortality Diagnostic	
1. Process in place to analyze individual in-patient deaths on a regular basis	
2. Process in place to measure and analyze in-patient mortality rates	
3. Process for segmenting rates across populations 'at-risk'	
4. Focused chart reviews conducted of high-volume, high-risk cases	
5. Methods and tools used to categorize and understand contributing factors	
6. System-level data reviewed to identify populations at greatest risk	
7. Frequencies of harm identified to direct system-level improvements	
8. Patient narratives reviewed to understand patterns of errors, especially harm	
D. Robust Measurement & Regular Feedback on in-patient Deaths	
1. Mortality data used to trigger in-depth case reviews	
2. Data and patient stories shared with leadership to identify improvement gaps	
3. The institution benchmarks mortality rates and reports data to clinical departments	
4. Regular clinical committee review of in-patient deaths	
5. Mortality data integrated with related performance indicators	
E. System-level Review	
1. Departmental review of mortality data	
2. Analysis of evidence gained from mortality audits	
3. Opportunities reviewed for improvement in system failures leading to mortality	
3. Standardization and Reliability of Clinical Processes	
F. Event Detection & Recognition	
1. Consistent use of processes to ensure full participation in identifying problems, such as multi-disciplinary rounds with daily goal setting for patients at risk	
2. Hospital resources allocated to problem identification and event detection: i.e. hospitalist, intensivist, care management	
3. Hospital systems in place to prioritize clinical processes targeted for improvement , i.e. use of an early warning system	
4. Hospital addresses systems of standardization and reliability, i.e. use of rapid response teams to address triggers for high-risk upon detection and recognition	
G. Standardized Communications Framework	

M-Link Hospital Program Review Program	
Criteria & Associated Elements	
1. Use of standardized communication method (i.e. SBAR)	
2. Standardized approach for shift hand-offs	
H. Interventions to Reduce Hospital Acquired Infections	
1. Use of bundle to reduce bloodstream infection from central venous catheters	
2. Use of hand hygiene / hand washing to reduce the incidence of HAI's	
3. Use of VAP bundle	
4. Use of evidence-based interventions to address UTIs	
5. Use of sepsis bundles	
6. Use of bundle for HAI-C differential infections	
7. Implementation of strategies to improve glycemic control	
I. Interventions to Address Adverse Events & Medication Harm	
1. Use of documentation triggers to reduce the potential for drug allergy reaction	
2. Use of prescribing prompts for administration of high-risk medications	
3. Use of evidence-based strategies to treat strokes	
4. Standardized order sets for improving evidence-based care	
J. Appropriateness of the Setting of Care	
1. Work with the community to optimize placement and services for end-of-life care	
2. High-functioning palliative care team in place	
3. Early identification of patient and family wishes for end-of-life care	
4. Admission protocols for placement for comfort-care only	
5. Policy/procedure for identifying and documenting Advanced Directives	
6. Staff trained to plan appropriately according to patient's wishes for end-of-life care	
7. Track inpatient hospice data, referrals and outcome data	
8. Efforts made to improve the appropriateness of documentation and coding for comorbidities, admission status and palliative care/hospice services	
9. Guidelines for care of the dying and end-of-life care pathways used appropriately	
K. Other (other relevant criteria & elements to be identified internally by hospital)	