

Warwickshire Shadow Health and Wellbeing Board

24 January 2013

Mortality Review – George Eliot Hospital – January 2013

Recommendation

That the Warwickshire Shadow Health and Wellbeing Board notes the current mortality rates at the George Eliot Hospital and proposes ways in which they can be further reduced.

1.0 Introduction

1.1 The George Eliot Hospital has been previously identified as an ‘outlier’ against mortality ratings over the years, with a higher than expected HSMR. We have also been identified as having a higher than expected SHMI, the highest in England.

2.0 Current Mortality Rate

2.1 The current Hospital Standardised Mortality Ratio (HSMR) for the time period analysed (October 2011- September 2012) was 112.6; September 2012’s HSMR was 96.4. It is important to note that the current benchmark year is 2011/12 after being rebased at the end of August 2012.

2.2 The most recent Standardised Hospital Mortality Indicator -SHMI (April 2011 to March 2012) is 116.39. SHMI data is rebased and published on a quarterly basis.

2.3 Despite still reporting rates higher than expected, the improvements to the (SHMI) are amongst the best in the region, reducing from 1.23 reported in October 2011 to 1.16 reported in October 2012; this against a national baseline figure of 1.00.*

3.0 Actions

3.1 The Trust put an action plan in place to undertake a wholesale review of systems and processes in place to reduce both HSMR and SHMI rates. Details of actions within the plan have been previously reported. Further work has since been implemented or completed which includes;

- All inpatient deaths are coded by the consultant responsible for the care in the final illness with subsequent review of the coding by the Medical Director, the Associate Medical Director and members of the coding team.

- Mortality Reviews are carried out on 20 medical deaths per month and all surgical deaths. The reviews are carried out by a buddy consultant and presented to the consultant responsible for the care. Any issues of concern are discussed at a mortality review meeting with the Medical Director and Associate Medical Director.
- Patient moves have been seen to be a key component of diminished care and the number of moves is being monitored and has reduced.
- The management of end of life is being addressed and a Task Group established to improve this process. The Trust intends to join the Route to Success Pilot Programme for End of Life Care and education of staff.
- A sepsis care bundle has been introduced and is being audited regularly to address compliance.
- Investigation of a number of Dr Foster alerts over a period of time have demonstrated inaccuracies of coding and have not demonstrated sub standard care.
- To facilitate 7 day working, business plans have been approved in cardiology and radiology, an additional cardiologist has been appointed and the interviews for an additional radiologist will be held in November. Work is underway in pharmacy.
- The Trust Board receives detailed information regarding HSMR and SHMI and are fully appraised of the actions and progress on a regular basis, including monthly reports utilising the Dr Foster data.
- Medical and Nursing Directors of both the Trust and Arden Cluster continue to meet monthly to review the action plan. The Chair of the CCG has recently joined this meeting.
- Significant improvements have been made to quality of care including:
 - Reduction in the number and severity of pressure sores – success recognised with the Trust being shortlisted in the ‘Care of the Elderly’ category of the Nursing Times Awards 2012
 - Introduction of improved seven-day working rotas for consultants and key services such as radiography and pharmacy.
 - Continuity of care – An analysis of ‘patient flows’ has resulted in the number of times a patient is moved per hospital stay dropping from 3.6 to 2.2. A special focus has been placed on vulnerable and confused patients.
 - Improvements in ‘cleanliness’, ‘nutrition’ and ‘privacy and dignity’ recognised with a verdict of ‘excellent’ in all three areas in a recent PEAT inspection.
 - Maintaining low rates of hospital acquired Clostridium Difficile and MRSA bacteraemia.

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George Eliot Hospital