Mortality Review – A Pilot Initiative to Identify Preventable Harm

The Problem

There are over 850 inpatients deaths each year at BIDMC. Death represents an important learning opportunity. Some deaths may be preventable, and we may be able to learn how to prevent deaths in the future by studying those cases. Other deaths may not be preventable, and from them we can learn how best to help patients complete their lives in the ways that matter most to them. It is important for the Department of Healthcare Quality to optimize the processes used to learn from deaths.

Aim/Goal

Goal: To optimize the processes used to identify which deaths are closely reviewed, thereby maximizing learning for the institution.

Aim: Pilot a survey sent to housestaff, attendings, primary nursing and consultants who cared for patients at the time of their death at BIDMC to determine if it helps identify cases that would benefit from close review.

The Team

David Lucier MD, MBA – QI Fellow, Hospitalist; Lauge Sokol Hessner MD – Assistant Director for Inpatient Quality, Hospitalist; Julius Yang MD – Director for Inpatient Quality, Hospitalist; Patricia Folcarelli PhD, RN – Director for Inpatient Safety; Cheryle Totte RN – Patient Safety Coordinator; Kim Sulmonte RN – Associate Chief Nursing Officer; Lisa Buchsbaum – HCQ Project Manager; Melinda Van Neil – HCQ Project Manager

The Interventions

1. ***Created a REDCap survey to be sent to the care team (nurses, residents, attendings) for each patient that died on the Hospital Medicine and MICU services. The survey asked if the respondent felt:***
   a. ***The death was preventable***
   b. ***The death was unexpected***
   c. ***The hospital course should be reviewed by Dept HCQ for systems issues.***
2. ***The surveys were sent to as many staff as possible. Due to IT limitations, not all care team members were easily discoverable for every death.***
3. ***All survey responses were reviewed by David Lucier, who determined whether to submit them into RL6, BIDMC's confidential patient safety reporting system.***
4. ***Patient cases submitted into RL6 were then reviewed via regular HCQ mechanisms.***

The Results/Progress to Date

Start date	9/23/2015
End date	12/28/2015
Total Days	96

DEATH DATA	
Total Hospital Deaths	222
# Pilot Deaths	82

EMAIL/RESPONSE DATA	
# Emails sent	185
# Surveys completed	132

RESULTS DATA	
# Flags	10
# Flagged individual pts	8
# entered into RL	6

DEATH STATISTICS	
% deaths in pilot	36.9%

EMAIL/RESPONSE STATS	
% emails responded	71.4%

RESULTS STATISTICS	
% pilot deaths flagged	7.3%

- ***The number of "flags" above constitute respondents raising concern (and reviewer agreement) about systems issues that might have impacted patient care.***
- ***Some patients were flagged by multiple providers, one had multiple issues raised. 6 patients (7%) did not have any survey responses.***
- ***8 individual patients (10%) were identified with possible preventable harm, including 2 with violations of respect and dignity; 6 of these (7%) were not captured by any other reporting system and were entered into RL6 for review.***
- ***One of these 6 cases has completed full HCQ review, the remainder are in process.***

Lessons Learned

- ***The response rate was much higher than anticipated.***
- ***Respondents often wrote detailed descriptions of patient cases, even if they didn't feel that it could have been prevented. We suspect the survey served as a method of debrief for these respondents.***
- ***This is the first systematic attempt to reach out to hospital staff about inpatient deaths at BIDMC in order to solicit opportunities for systems improvement.***

Next Steps/What Should Happen Next

- ***Analysis of pilot data via chart review to assess for preventable harm not captured by surveys. Cross reference data with survey responses, and create a process to extract signal from noise without a reviewer.***
- ***Streamline and automate processes to facilitate scale up to other services***

Beth Israel Deaconess Medical Center | HARVARD MEDICAL SCHOOL TEACHING HOSPITAL | The Silverman Institute For Health Care Quality and Safety

For more information, contact:
David Lucier MD, MBA , dlucier@bidmc.harvard.edu