Our Success Story:
Improving Pneumonia 30-day Mortality Rates
Why did we focus on Mortality?
## Hospital Compare Report 2010

### 30-Day Risk-Standardized Mortality Measures

<table>
<thead>
<tr>
<th>Hospital Quality Measures</th>
<th>Your Hospital's Performance</th>
<th>Your Hospital's Number of Eligible Medicare Admissions</th>
<th>Your Hospital's Risk-Standardized Mortality Rate (Lower Limit, Upper Limit of 95% Interval Estimate)</th>
<th>U.S. National Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acute Myocardial Infarction (AMI)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MORT-30-AMI</td>
<td>Acute Myocardial Infarction (AMI) 30-Day Mortality Rate</td>
<td>Worse than U.S. National Rate</td>
<td>419</td>
<td>19.0% (16.0%, 22.6%)</td>
</tr>
<tr>
<td><strong>Heart Failure (HF)</strong></td>
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<tr>
<td>MORT-30-HF</td>
<td>Heart Failure (HF) 30-Day Mortality Rate</td>
<td>No Different than U.S. National Rate</td>
<td>603</td>
<td>13.4% (11.0%, 16.0%)</td>
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<tr>
<td><strong>Pneumonia (PN)</strong></td>
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<tr>
<td>MORT-30-PN</td>
<td>Pneumonia (PN) 30-Day Mortality Rate</td>
<td>Worse than U.S. National Rate</td>
<td>499</td>
<td>14.7% (12.2%, 17.4%)</td>
</tr>
</tbody>
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**Worse than the National Average!**
What did we find?

- Quality Review
- Acute MI, Heart Failure, Pneumonia, & Sepsis
- Clinical Champions
Quality Review Process Developed

• EXAMPLE:
  o Discharge coded for public reported condition
  o EPIC work queue built to capture conditions
  o Clinical experts reviewed cases
  o Worked with coding department on issues found
  o Team came to a final agreement
Focus on Improving Mortality

• Hospice in Place (HIP)
• Developing Care Pathways
• Education
• Hospice Nurses
• Change in Behaviors and Culture
How did we determine success?

Continued to Monitor

Rankings Improved
### 30-Day Risk-Standardized Condition-Specific Mortality Measures

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<tr>
<td>MORT-30-AMI</td>
<td>Acute Myocardial Infarction (AMI) 30-Day Mortality Rate</td>
<td>No different than the National Rate</td>
<td>512</td>
<td>13.8% (11.5%, 16.5%)</td>
<td>14.2</td>
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<td><strong>Pneumonia (PN)</strong></td>
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<tr>
<td>MORT-30-PN</td>
<td>Pneumonia 30-Day Mortality Rate</td>
<td>No different than the National Rate</td>
<td>466</td>
<td>9.8% (7.9%, 12.3%)</td>
<td>11.5</td>
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<td><strong>Heart Failure (HF)</strong></td>
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<td>MORT-30-HF</td>
<td>Heart Failure (HF) 30-Day Mortality Rate</td>
<td>No different than the National Rate</td>
<td>594</td>
<td>10.4% (8.6%, 12.7%)</td>
<td>11.6</td>
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Hospital Compare 2017

Death rate for pneumonia patients

Why is this important?
Hide Graph

Lower Percentages Are Better
Hover over the caret to view interval estimate range

NORTH CAROLINA BAPTIST HOSPITAL

Number of included patients: 809

National death rate for pneumonia patients = 16.3%
What’s Next?

Develop Care Pathways

• COPD
• Joint Replacement
• Stroke
Recommendations

- Evaluate your data
- Look ahead to what’s next
- Monitor
- Do what’s right for the patient
- Review all Processes
- Clinical Champion
Clinical Documentation Excellence – Who We Are And What We Do

• Team of registered nurses
• Review documentation for accuracy, completeness and compliance
• Provide education related to excellent documentation
• Ensure the accurate capture of metrics that reflect the complexity of the patients treated at Wake Forest Baptist Medical Center.
Our Staff

• Clinical Documentation Specialists
  • RNs responsible for working with physicians and medical coders:
  • Ensure accurate, complete and compliant medical record documentation;
  • Support severity of illness and risk of mortality data.

• Clinical Documentation Compliance Coordinators
  • Coordinates all activities related to compliance, quality assurance, and education;
  • Applies advanced clinical / nursing knowledge of documentation requirements to improve overall quality and completeness of clinical documentation of patient records;
  • Works collaboratively with physicians, Clinical Documentation Specialists and Medical Center Coders.
Our Goals

• Ensure appropriate reimbursement for services provided for all patients who receive healthcare here

• Ensure accurate reporting of the following:
  • Hospital Acquired Conditions
  • Patient Safety Indicators
  • Severity of Illness
  • Risk of Mortality
  • Hierarchical Condition Categories
  • Medicare-Severiry Diagnosis Related Categories

• Educate providers and others regarding documentation requirements and guidelines

• Provide audit protection related to lack of appropriate documentation.
Any Questions?