

Our Success Story:

Improving Pneumonia 30-day Mortality Rates



Why did we focus on Mortality?



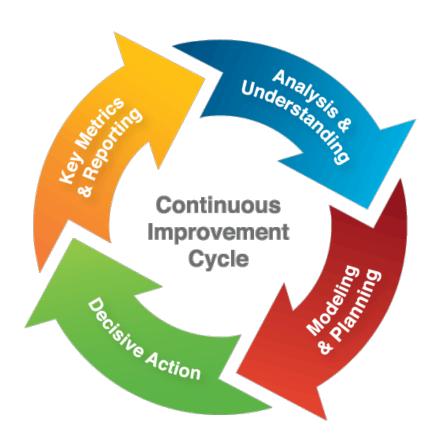
Hospital Compare Report 2010

30-Day Risk-Standardized Mortality Measures								
	Hospital Quality Measures	Your Hospital's Performance	Your Hospital's Number of Eligible Medicare Admissions	Your Hospital's Risk- Standardized Mortality Rate (Lower Limit, Upper Limit of 95% Interval Estimate)	U.S. National Rate			
Acute Myocardial Infarction (AMI)								
MORT-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	Worse than U.S. National Rate	419	19.0% (16.0%, 22.6%)	15.9%			
Heart Failure (HF)								
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MORT-30-HF	Heart Failure (HF) 30-Day Mortality Rate	No Different than U.S. National Rate	603	13.4% (11.0%, 16.0%)	11.3%			
Pneumonia (PN)								
MORT-30-PN	Pneumonia (PN) 30-Day Mortality Rate	Worse than U.S. National Rate	499	14.7% (12.2%, 17.4%)	11.9%			

Worse than the National Average!

What did we find?





Quality Review

Acute MI, Heart Failure,
Pneumonia, & Sepsis

Clinical Champions

Quality Review Process Developed

• EXAMPLE:

- Discharge coded for public reported condition
- EPIC work queue built to capture conditions
- Clinical experts reviewed cases
- Worked with coding department on issues found
- 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

Hospital Compare Report 2015

30-Day Risk-Standardized Condition-Specific Mortality Measures								
	Hospital Quality Measures	Your Hospital's Performance	Your Hospital's Number of Eligible Medicare Admissions	Your Hospital's Risk- Standardized Mortality Rate (Lower Limit, Upper Limit of 95% Interval Estimate)	National Rate			
Acute Myocardial Infarction (AMI)								
MORT-30- AMI	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	No different than the National Rate	512	13.8% (11.5%, 16.5%)	14.2			
Pneumonia (PN)								
MORT-30- PN	Pneumonia 30- Day Mortality Rate	No different than the National Rate	466	9.8% (7.9%, 12.3%)	11.5			
	Heart Failure (HF)							
MORT-30- HF	Heart Failure (HF) 30-Day Mortality Rate	No different than the National Rate	594	10.4% (8.6%, 12.7%)	11.6			

Hospital Compare 2017

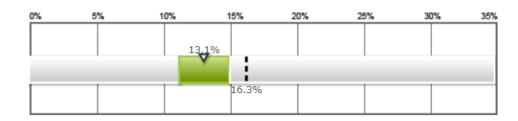
Death rate for pneumonia patients

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%

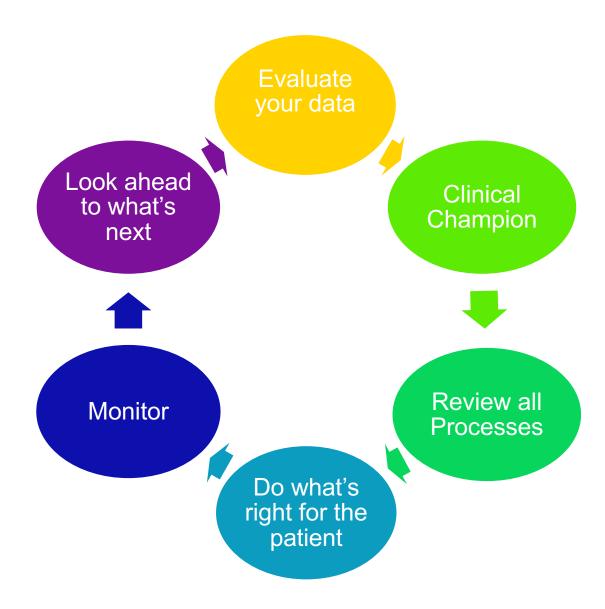
What's Next?

Develop Care Pathways

- COPD
- Joint Replacement
- Stroke



Recommendations



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-Severity Diagnosis Related Categories
- Educate providers and others regarding documentation requirements and guidelines
- Provide audit protection related to lack of appropriate documentation.

Any Questions?

