

# Stakeholder Involvement in Mortality Reduction

Presenters: Erin Stapleton, RN, MHA; Douglas Obogo, MPH

Contributors: Brandi French, MD; Litofsky Scott, MD; Premkumar Nattanmai, MD; Laura Qi, MD; Madihah Hepburn, MD; Kathryn Qualls, PharmD; Vicky Ferris, RN; Cindy Hestir, RN; Karen Cox, PhD.



The Culture of Yes ~ Together we Care, Deliver, Innovate, and Serve

## Learning Objectives

- Give examples of a robust quality improvement plan for mortality reduction
- Describe effective strategies for successful management of outside hospital transfers
- Identify relevant stakeholders required to create a multi-disciplinary mortality review committee

## Problem Statement

Academic Medical Centers accept referrals for care of our most challenging and acute cases. Regardless of severity, we strive to deliver excellent care and continuously improve with each case. In fiscal year (FY) 2014, Neurosciences Service Line ranked below the 50<sup>th</sup> percentile for mortality ratio with Vizient data<sup>1</sup>. In FY 2015, the Neurosciences Service Line leadership implemented a multi-disciplinary, collaborative, case review approach to assess improvement opportunities with each patient. The overarching question is always, “what would we do differently if we could do it all over again?”

## Goal

To achieve and sustain a mortality index less than .80 in the neurosciences service line, by the end of the fiscal year 2018.

## Our Approach

The team includes a faculty of experts who reviews every case and identifies best practices, as well as facilitate implementation of effective strategies to improve care. The theory of change is that stakeholders are more likely to engage in and sustain change processes when they identify problems and generate their own solutions<sup>2</sup>.

## Our Team

Stakeholder	Role/ Competency
Nurse manager	<ul style="list-style-type: none"> <li>• Lead quality improvement (QI) efforts</li> </ul>
Physician leadership/Resident physicians	<ul style="list-style-type: none"> <li>• Physician champions</li> <li>• Provide clinical and technical expertise and champion change processes</li> </ul>
Staff nurse	<ul style="list-style-type: none"> <li>• Measure and improve nursing sensitive indicators affecting patient outcomes</li> </ul>
Pharmacist	<ul style="list-style-type: none"> <li>• Ensure safe and effective medication practices</li> </ul>
Clinical documentation specialist	<ul style="list-style-type: none"> <li>• Liaison between medical staff and the coding department</li> <li>• Ensure accuracy and quality in clinical documentation</li> </ul>
Performance improvement coordinator	<ul style="list-style-type: none"> <li>• Facilitate meetings, and manage improvement projects</li> </ul>
Director of quality improvement	<ul style="list-style-type: none"> <li>• Oversees hospital wide communication of QI initiatives</li> </ul>

## Our Process



## Process Measures

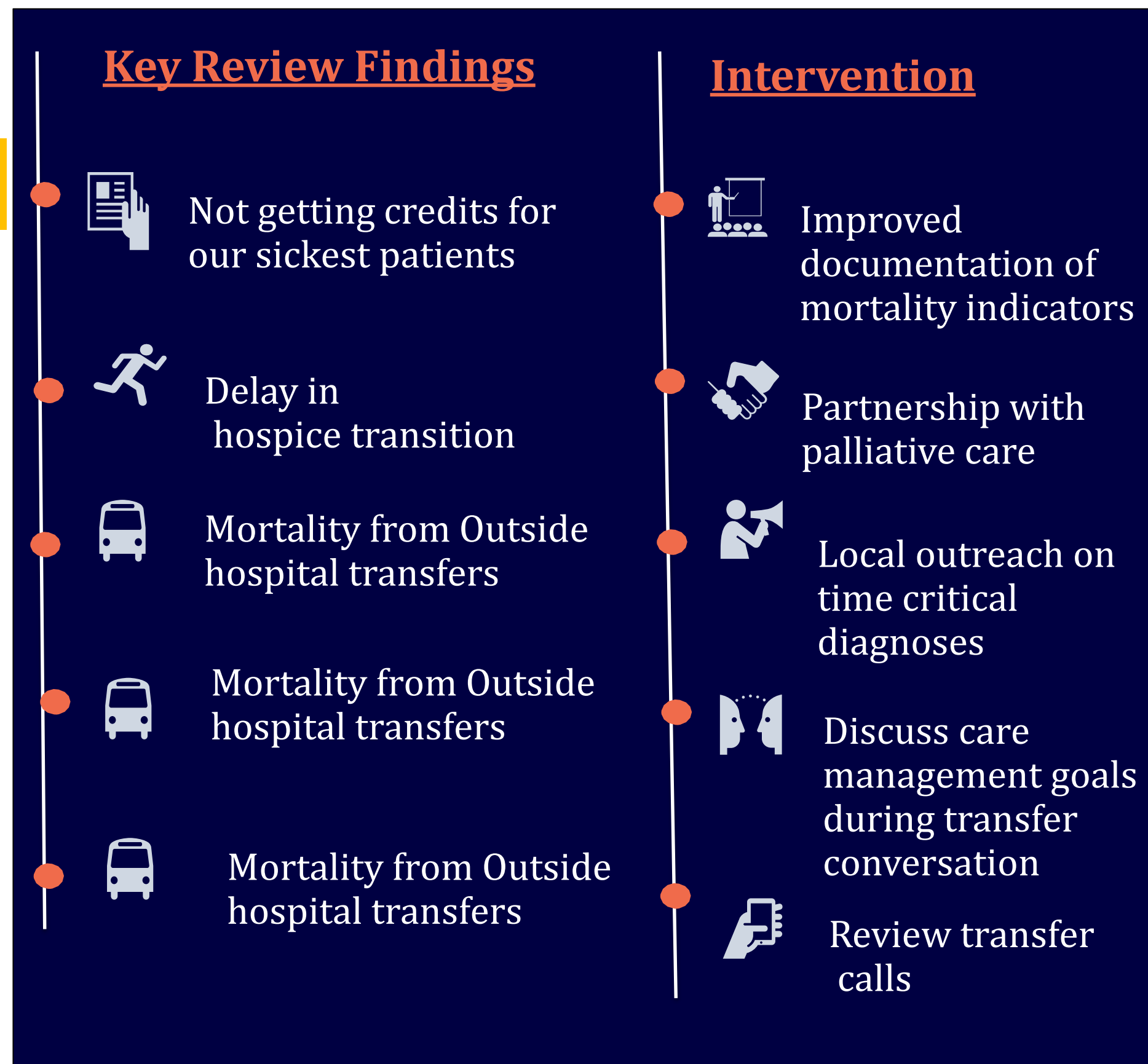
- Number of cases reviewed- 100 %
- Multi-D attendance rate- 85 %
- Number of follow-up action items completed- 100 %

## Outcome Measures

### Mortality Index- Observed: Expected



## Key Findings & Interventions



## Disclosures

The presenters have no relevant financial or nonfinancial relationship(s) within the services described, reviewed, evaluated or compared in this poster.

## References

1.0 Sarpong Y, Nattanmai P, Schelp G, Bell R, Premkumar K, Stapleton E, McCormick A, Newey CR (2017) Improvement in quality metrics outcomes and patient and family satisfaction in a neurosciences intensive care unit after creation of a dedicated neurocritical care team. Crit Care Res Pract 2017:6394105  
 2.0 Wells S, Tamir O, Gray J, et al Are quality improvement collaboratives effective? A systematic review. BMJ Qual Saf Published Online First: 21 October 2017. doi: 10.1136/bmjqs-2017-006926