

# 'SHMI'ing On Up!

Improving Our Summary Hospital-level Mortality Indicator Score

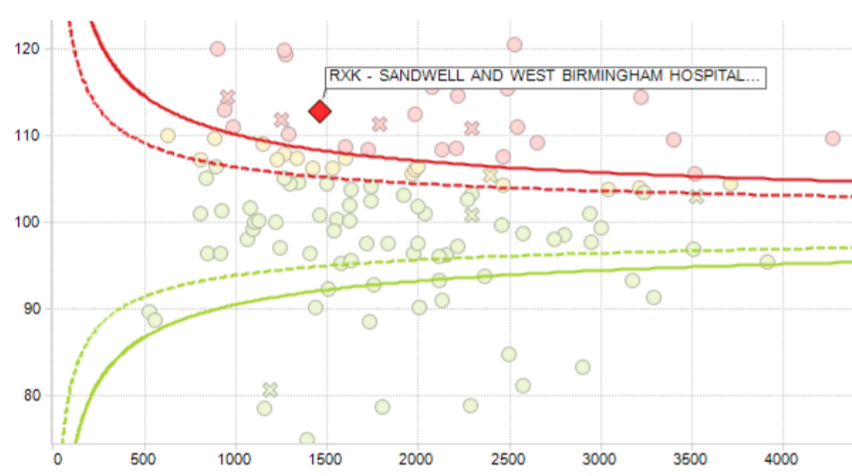
## Background

There are a number of mortality indices which can be used to benchmark against high level quality of care and effective mortality governance. Our Trust uses the Summary Hospital-level Mortality Indicator (SHMI), which is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated.

This acts as a "smoke alarm" and a prompt to investigate the cause of an elevated SHMI. Contributing factors such as data coding, severity of illnesses, admission pathway, end of life care provision and local population characteristics are all taken into consideration when reviewing the quality of care and treatment of patients. This ensures that care quality has not been compromised and potentially predisposing to avoidable harm.

## Our Aim

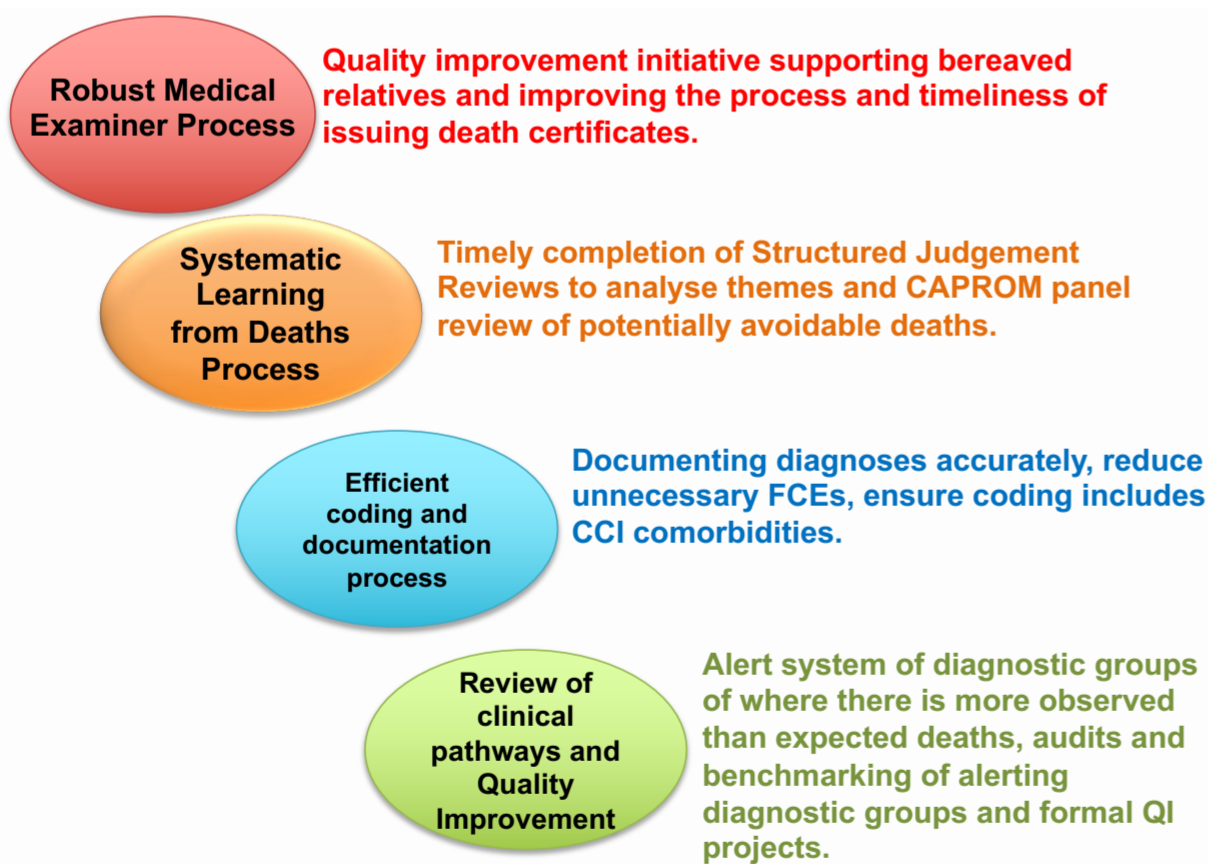
SWB was one of 65 Acute Trusts with a higher than expected SHMI and the 13th highest in England. This is demonstrated in the below funnel plot with SHMI reported at 113 (December 2020 to November 2021).



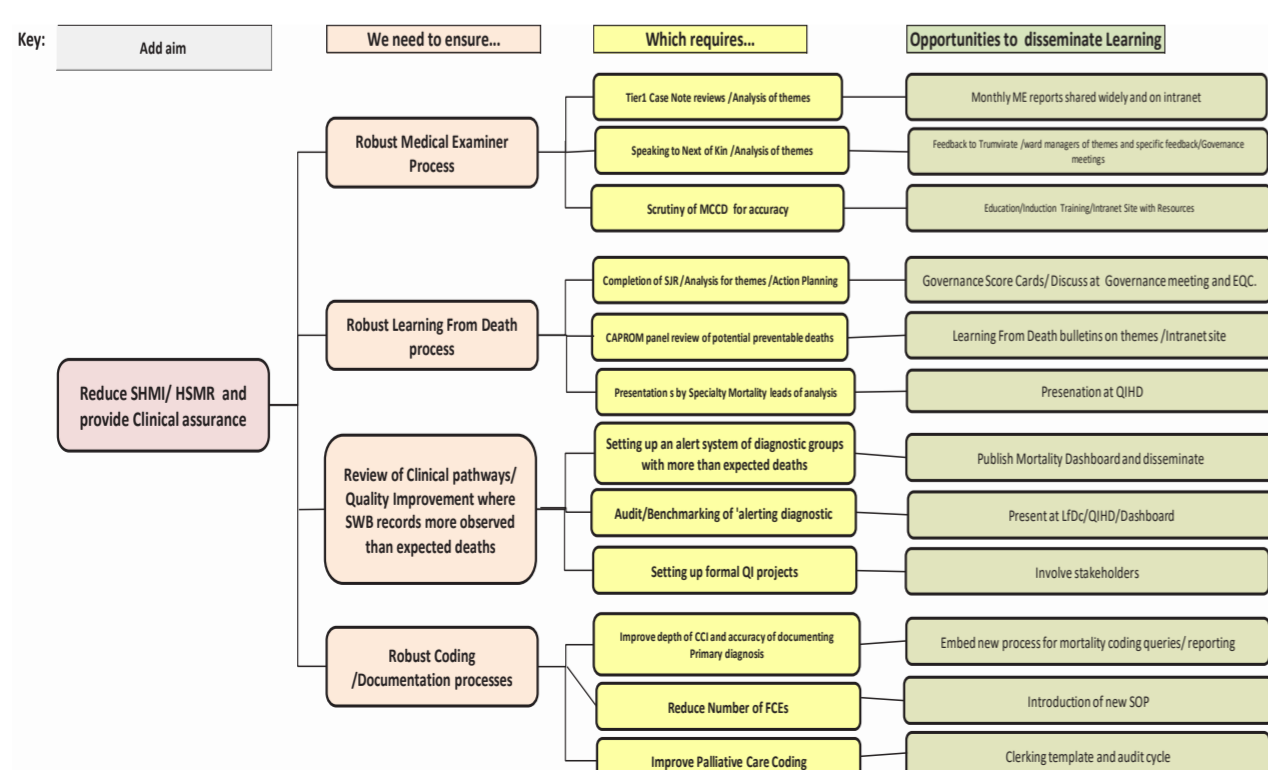
Our aim was to reduce the SHMI from the current 113 to below 100.

## Method

The following workstreams were implemented:



## Driver Diagram



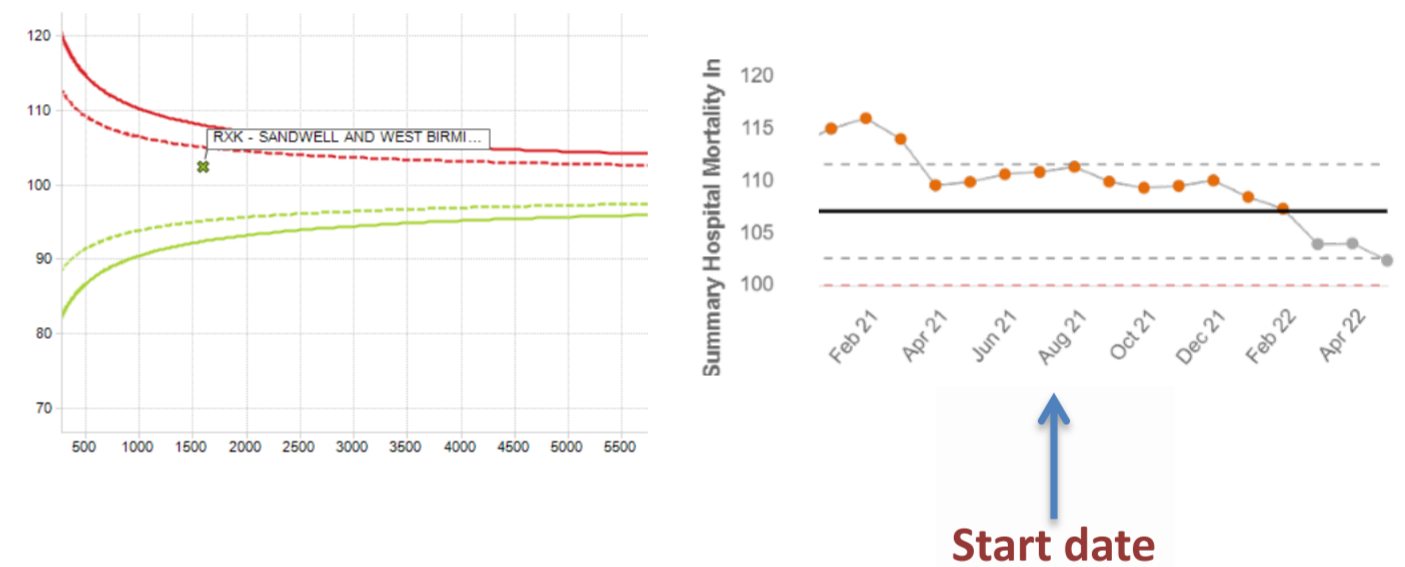
## QI Project – Coding

Since August 2021, SWBH has implemented the Mortality Quality Improvement project, with a number of work streams focusing on different areas to improve (by decreasing) the mortality indices. Key themes include:

- Digital Fellow working with the clinical coding team to review mortality coding and reduce coding documentation queries.
- Reduction of Finished Consultant Episodes (FCE's).
- Introduction of an admission Preformat at Leasowes.
- Education program for junior doctors who are usually responsible for mortality documentation.
- Awareness program through communications team, posters and visible reminders of good practice on computers.

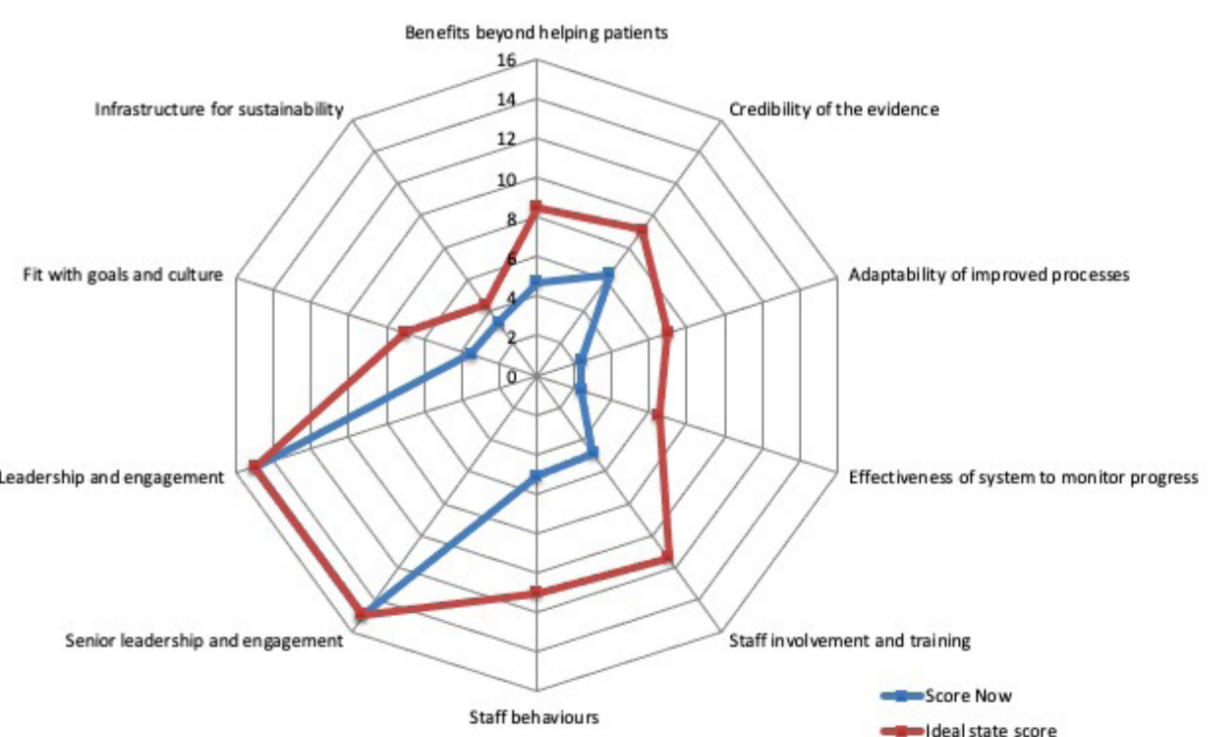
## Outcome

Through the various workstreams and progress of QI projects, the SHMI is currently at **102, demonstrating a reduction of 10%**. This is now within the expected range, as demonstrated by the below funnel plot and SPC charts (NHS Digital June 2021- May 2022). SWB is now ranked **69<sup>th</sup> out of 121 NHS Trusts** - a significant improvement from being 105th out of 121 Trusts.



## Sustainability

The Spider diagram below shows the ideal score of sustainability against where the Trust is now. The diagram highlights areas of improvement to maintain the improvement of this QI project, specifically around continuing education efforts and the effectiveness of monitoring coding processes.



## Next Steps

- Focus on sustainability of mortality QI work streams and embed into normal practice.
- Introduction of a new Mortality Coding review system.
- Revision of online induction resources for clinical coding and documentation.
- Working alongside Unity Optimisation Project to introduce the new design for PTWR documentation.
- Further work to prevent multiple FCEs in-hospital that is impacting on current coding.